

N.J.S.A. 30:4-27.1 et seq.

[N.J. Stat. § 30:4-27.1](#)

Current through New Jersey 220th Second Annual Session, L. 2023, c. 36 and J.R. 2

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§ 30:4-27.1. Findings, declarations

The Legislature finds and declares that:

- a. The State is responsible for providing care, treatment and rehabilitation services to mentally ill persons who are disabled and cannot provide basic care for themselves or who are dangerous to themselves, others or property; and because some of these mentally ill persons do not seek treatment or are not able to benefit from voluntary treatment provided on an outpatient basis, it is necessary that State law provide for the voluntary admission and the involuntary commitment to treatment of these persons as well as for the public services and facilities necessary to fulfill these responsibilities.
- b. Because involuntary commitment to treatment entails certain deprivations of liberty, it is necessary that State law balance the basic value of liberty with the need for safety and treatment, a balance that is difficult to effect because of the limited ability to predict behavior; and, therefore, it is necessary that State law provide clear standards and procedural safeguards that ensure that only those persons who are dangerous to themselves, others or property, are involuntarily committed to treatment.
- c. It is the policy of this State that persons in the public mental health system receive inpatient treatment and rehabilitation services in the least restrictive environment in accordance with the highest professional standards and which will enable those persons committed to treatment to return to full autonomy in their community as soon as it is clinically appropriate. In addition, it is the policy of this State to ensure that appropriate outpatient treatment services are readily available to all persons with mental illness, such that involuntary commitment to treatment is rarely required; but that persons with mental illness who are determined to be dangerous to themselves, others or property should be subject to involuntary treatment in the least restrictive environment possible, in an inpatient or outpatient setting clinically appropriate to their condition.

Further, it is the policy of this State that the public mental health system shall be developed in a manner which protects individual liberty and provides advocacy and due process for persons receiving treatment and insures that treatment is provided in a manner consistent with a person's clinical condition.

- d. It is the policy of this State to encourage each county or designated mental health service area to develop a screening service, outpatient treatment provider and short-term care facility which will meet the needs for evaluation and treatment of mentally ill persons in the county or service area. The State encourages the development of screening services as the public mental health system's entry point in order to provide accessible crisis intervention, evaluation and referral services to mentally ill persons in the community; to offer mentally ill persons clinically appropriate alternatives to inpatient care, if any; and, when necessary, to provide a means for involuntary commitment to treatment. Similarly, the State encourages the development of community-based outpatient treatment providers and short-term care facilities to enable a mentally ill person to receive outpatient or acute, inpatient care near the person's community. Development and use of screening services, outpatient treatment providers and short-term care facilities throughout the State are necessary to strengthen the Statewide community mental health system, lessen inappropriate hospitalization and reliance on psychiatric institutions and enable State

and county facilities to provide the rehabilitative care needed by some mentally ill persons following their receipt of acute care.

History

L. 1987, c. 116, § 1; amended [2009, c. 112](#), § 1, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.2](#)

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§ 30:4-27.2. Definitions

As used in P.L.1987, c.116 ([C.30:4-27.1](#) et seq.) and [P.L.2009, c.112](#):

- a. "Chief executive officer" means the person who is the chief administrative officer of an institution or psychiatric facility.
- b. "Clinical certificate" means a form prepared by the division and approved by the Administrative Office of the Courts, that is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for involuntary commitment to treatment, and which states that the person is in need of involuntary commitment to treatment. The form shall also state the specific facts upon which the examining physician has based his conclusion and shall be certified in accordance with the Rules of the Court. A clinical certificate may not be executed by a person who is a relative by blood or marriage to the person who is being screened.
- c. "Clinical director" means the person who is designated by the director or chief executive officer to organize and supervise the clinical services provided in a screening service, short-term care or psychiatric facility. The clinical director shall be a psychiatrist; however, those persons currently serving in the capacity will not be affected by this provision. This provision shall not alter any current civil service laws designating the qualifications of such position.
- d. "Commissioner" means the Commissioner of Human Services.
- e. "County counsel" means the chief legal officer or advisor of the governing body of a county.
- f. "Court" means the Superior Court or a municipal court.
- g. "Custody" means the right and responsibility to ensure the provision of care and supervision.
- h. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical harm, or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care, or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior, and any recent act, threat, or serious psychiatric deterioration.
- i. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior, and any recent act, threat, or serious psychiatric deterioration.
- j. "Department" means the Department of Human Services.

- k.** “Director” means the chief administrative officer of a screening service, short-term care facility, or special psychiatric hospital.
- l.** “Division” means the Division of Mental Health and Addiction Services in the Department of Human Services.
- m.** “In need of involuntary commitment” or “in need of involuntary commitment to treatment” means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person’s mental health care needs.
- n.** “Institution” means any State or county facility providing inpatient care, supervision, and treatment for persons with developmental disabilities; except that with respect to the maintenance provisions of Title 30 of the Revised Statutes, institution also means any psychiatric facility for the treatment of persons with mental illness.
- o.** “Mental health agency or facility” means a legal entity which receives funds from the State, county, or federal government to provide mental health services.
- p.** “Mental health screener” means a psychiatrist, psychologist, social worker, registered professional nurse, licensed marriage and family therapist, or other individual trained to do outreach only for the purposes of psychological assessment who is employed by a screening service and possesses the license, academic training or experience, as required by the commissioner pursuant to regulation; except that a psychiatrist and a State licensed clinical psychologist who meet the requirements for mental health screener shall not have to comply with any additional requirements adopted by the commissioner.
- q.** “Mental hospital” means, for the purposes of the payment and maintenance provisions of Title 30 of the Revised Statutes, a psychiatric facility.
- r.** “Mental illness” means a current, substantial disturbance of thought, mood, perception, or orientation which significantly impairs judgment, capacity to control behavior, or capacity to recognize reality, but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome, or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to “psychosis” or “active psychosis,” but shall include all conditions that result in the severity of impairment described herein.
- s.** “Patient” means a person over the age of 18 who has been admitted to, but not discharged from a short-term care or psychiatric facility, or who has been assigned to, but not discharged from an outpatient treatment provider.
- t.** “Physician” means a person who is licensed to practice medicine in any one of the United States or its territories, or the District of Columbia.
- u.** “Psychiatric facility” means a State psychiatric hospital listed in [R.S.30:1-7](#), a county psychiatric hospital, or a psychiatric unit of a county hospital.
- v.** “Psychiatrist” means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.
- w.** “Psychiatric unit of a general hospital” means an inpatient unit of a general hospital that restricts its services to the care and treatment of persons with mental illness who are admitted on a voluntary basis.
- x.** “Psychologist” means a person who is licensed as a psychologist by the New Jersey Board of Psychological Examiners.

- y.** “Screening certificate” means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service.
- z.** “Screening service” means a public or private ambulatory care service, whether or not affiliated with a hospital, designated by the commissioner, which provides mental health services including assessment, emergency, and referral services to persons with mental illness in a specified geographic area.
- aa.** “Screening outreach visit” means an evaluation provided by a mental health screener wherever the person may be when clinically relevant information indicates the person may need involuntary commitment to treatment and is unable or unwilling to come to a screening service.
- bb.** “Short-term care facility” means an inpatient, community based mental health treatment facility that is designated to provide acute care and assessment services to a person with mental illness whose mental illness causes the person to be dangerous to self or dangerous to others or property. A short-term care facility is authorized to serve persons from a specified geographic area, may be a part of a general hospital or other appropriate health care facility, and shall meet certificate of need requirements and be licensed and inspected by the Department of Health pursuant to P.L.1971, c.136 ([C.26:2H-1](#) et seq.).
- cc.** “Special psychiatric hospital” means a public or private hospital licensed by the Department of Health to provide voluntary and involuntary mental health services, including assessment, care, supervision, treatment, and rehabilitation services to persons with mental illness.
- dd.** “Treatment team” means one or more persons, including at least one psychiatrist or physician, and may include a psychologist, social worker, nurse, licensed marriage and family therapist, and other appropriate services providers. A treatment team provides mental health services to a patient of a screening service, outpatient treatment provider, or short-term care or psychiatric facility.
- ee.** “Voluntary admission” means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and is willing to be admitted to a facility voluntarily for care, needs care at a short-term care or psychiatric facility because other facilities or services are not appropriate or available to meet the person’s mental health needs. A person may also be voluntarily admitted to a psychiatric facility if his mental illness presents a substantial likelihood of rapid deterioration in functioning in the near future, there are no appropriate community alternatives available, and the psychiatric facility can admit the person and remain within its rated capacity.
- ff.** “County adjuster” means the person appointed pursuant to [R.S.30:4-34](#).
- gg.** “Least restrictive environment” means the available setting and form of treatment that appropriately addresses a person’s need for care and the need to respond to dangers to the person, others, or property and respects, to the greatest extent practicable, the person’s interests in freedom of movement and self-direction.
- hh.** “Outpatient treatment” means clinically appropriate care based on proven or promising treatments directed to wellness and recovery, provided by a member of the patient’s treatment team to a person not in need of inpatient treatment. Outpatient treatment may include, but shall not be limited to, day treatment services, case management, residential services, outpatient counseling and psychotherapy, and medication treatment.
- ii.** “Outpatient treatment provider” means a community-based provider, designated as an outpatient treatment provider pursuant to section 8 of P.L.1987, c.116 ([C.30:4-27.8](#)), that provides or coordinates the provision of outpatient treatment to persons in need of involuntary commitment to treatment.
- jj.** “Plan of outpatient treatment” means a plan for recovery from mental illness approved by a court pursuant to section 17 of [P.L.2009, c.112 \(C.30:4-27.15a\)](#) that is to be carried out in an outpatient setting and is prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting.

kk. “Reasonably foreseeable future” means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person’s likely behavior can be reached.

ll. “Geographic area” means a distinct area of the State that is designated by the commissioner to be served by a screening service and may be a county, portion of a county, or multi-county area.

History

L. 1987, c. 116, § 2; amended [1989, c. 73](#), § 1; [1994, c. 134](#), § 5; [1995, c. 4](#), § 2; [2005, c. 55](#), § 1, eff. Sept. 20, 2005; [2009, c. 112](#), § 2, eff. Aug. 11, 2010; [2019, c. 391](#), § 1, effective August 1, 2020.

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[N.J. Stat. § 30:4-27.3](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.3. Involuntary commitment to treatment

The standards and procedures in this act apply to all adults involuntarily committed to treatment, including those assigned to an outpatient treatment provider or admitted to a short-term care facility, psychiatric facility or special psychiatric hospital and all adults voluntarily admitted from a screening service to a short-term care facility or psychiatric facility. The standards and procedures in this act shall not apply to adults voluntarily admitted to psychiatric units in general hospitals or special psychiatric hospitals, except as provided in section 11 or 20 of P.L.1987, c.116 ([C.30:4-27.11](#) or [C.30:4-27.20](#)).

History

L. 1987, c. 116, § 3; amended [2009, c. 112](#), § 3, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.4](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.4. Screening services

- a. The commissioner, in consultation with the appropriate county mental health board and consistent with the approved county mental health plan, shall designate one or more mental health agencies or facilities in each geographic area in the State as a screening service. The commissioner shall so designate an agency or facility only with the approval of the agency's or facility's governing body.
- b. In designating the screening services, the commissioner shall ensure that screening services are accessible to all persons in the State who need these services. To ensure accessibility to mental health services, the commissioner shall accept, on or after the effective date [Aug. 1, 2020] of [P.L.2019, c.391 \(C.30:4-27.4a](#) et al.), an application from a screening service to expand services that are tailored to meet the needs of the persons in its geographic area. The expanded services may include, but need not be limited to, establishing a satellite program that is situated in a location separate from a screening service and that provides services emphasizing outreach and early intervention.
- c. The commissioner shall ensure that screening service evaluation is the preferred process for entry into outpatient treatment, short-term care facilities, or psychiatric facilities so that appropriate consideration is given to less restrictive treatment alternatives.

History

L. 1987, c. 116, § 4; amended [2009, c. 112](#), § 4, eff. Aug. 11, 2010; [2019, c. 391](#), § 2, effective August 1, 2020.

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[N.J. Stat. § 30:4-27.4a](#)

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§ 30:4-27.4a. Duties of department

The department shall:

- a. collect, at a minimum, data about the expanded services provided by a screening service pursuant to section 4 of P.L.1987, c.116 ([C.30:4-27.4](#)), the utilization of these services, and the services to which individuals were referred, if any, after receiving the expanded services; and
- b. issue a report, within one year of a screening service expanding its services pursuant to section 4 of P.L.1987, c.116 ([C.30:4-27.4](#)) and annually thereafter, to the Governor and pursuant to section 2 of [P.L.1991, c.164 \(C.52:14-19.1\)](#) to the Legislature, based on the information collected pursuant to subsection a. of this section. The report shall include a review and analysis of the collected data and any recommendations for improvements to the expanded services.

History

L. [2019, c. 391](#), § 3, effective August 1, 2020.

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[N.J. Stat. § 30:4-27.5](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.5. Screening service procedures

The commissioner shall adopt rules and regulations pursuant to the “Administrative Procedure Act,” P.L.1968, c.410 ([C.52:14B-1](#) et seq.) regarding a screening service and its staff that effectuate the following purposes and procedures:

- a. A screening service shall serve as the facility in the public mental health care treatment system wherein a person believed to be in need of involuntary commitment to outpatient treatment, a short-term care facility, psychiatric facility or special psychiatric hospital undergoes an assessment to determine what mental health services are appropriate for the person and where those services may be most appropriately provided in the least restrictive environment.

The screening service may provide emergency and consensual treatment to the person receiving the assessment and may transport the person or detain the person up to 24 hours for the purposes of providing the treatment and conducting the assessment.

- b. When a person is assessed by a mental health screener and involuntary commitment to treatment seems necessary, the screener shall provide, on a screening document prescribed by the division, information regarding the person’s history and available alternative facilities and services that are deemed inappropriate for the person. When appropriate and available, and as permitted by law, the screener shall make reasonable efforts to gather information from the person’s family or significant others for the purposes of preparing the screening document. If a psychiatrist, in consideration of this document and in conjunction with the psychiatrist’s own complete assessment, concludes that the person is in need of commitment to treatment, the psychiatrist shall complete the screening certificate. The screening certificate shall be completed by a psychiatrist except in those circumstances where the division’s contract with the screening service provides that another physician may complete the certificate.

Upon completion of the screening certificate, screening service staff shall determine, in consultation with the psychiatrist or another physician, as appropriate, the least restrictive environment for the appropriate treatment to which the person shall be assigned or admitted, taking into account the person’s prior history of hospitalization and treatment and the person’s current mental health condition. Screening service staff shall designate:

- (1) inpatient treatment for the person if he is immediately or imminently dangerous or if outpatient treatment is deemed inadequate to render the person unlikely to be dangerous to self, others or property within the reasonably foreseeable future; and
- (2) outpatient treatment for the person when outpatient treatment is deemed sufficient to render the person unlikely to be dangerous to self, others or property within the reasonably foreseeable future.

If the screening service staff determines that the person is in need of involuntary commitment to outpatient treatment, the screening service staff shall consult with an outpatient treatment provider to arrange, if

possible, for an appropriate interim plan of outpatient treatment in accordance with section 9 of [P.L.2009, c.112 \(C.30:4-27.8a\)](#).

If a person has been admitted three times or has been an inpatient for 60 days at a short-term care facility during the preceding 12 months, consideration shall be given to not placing the person in a short-term care facility.

The person shall be admitted to the appropriate facility or assigned to the appropriate outpatient treatment provider, as appropriate for treatment, as soon as possible. Screening service staff are authorized to coordinate initiation of outpatient treatment or transport the person or arrange for transportation of the person to the appropriate facility.

- c.** If the mental health screener determines that the person is not in need of assignment or commitment to an outpatient treatment provider, or admission or commitment to a short-term care facility, psychiatric facility or special psychiatric hospital, the screener shall refer the person to an appropriate community mental health or social services agency or appropriate professional or inpatient care in a psychiatric unit of a general hospital.
- d.** A mental health screener shall make a screening outreach visit if the screener determines, based on clinically relevant information provided by an individual with personal knowledge of the person subject to screening, that the person may need involuntary commitment to treatment and the person is unwilling or unable to come to the screening service for an assessment.
- e.** If the mental health screener pursuant to this assessment determines that there is reasonable cause to believe that a person is in need of involuntary commitment to treatment, the screener shall so certify the need on a form prepared by the division.

History

L. 1987, c. 116, § 5; amended [2009, c. 112](#), § 5, eff. Aug. 11, 2010.

[N.J. Stat. § 30:4-27.6](#)

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§ 30:4-27.6. Custody

A State or local law enforcement officer shall take custody of a person and take the person immediately and directly to a screening service if:

- a.** On the basis of personal observation, the law enforcement officer has reasonable cause to believe that the person is in need of involuntary commitment to treatment;
- b.** A mental health screener has certified on a form prescribed by the division that based on a screening outreach visit the person is in need of involuntary commitment to treatment and has requested the person be taken to the screening service for a complete assessment;
- c.** The court orders that a person subject to an order of conditional discharge issued pursuant to subsection c. of section 15 of P.L.1987, c.116 ([C.30:4-27.15](#)) who has failed to follow the conditions of the discharge be taken to a screening service for an assessment; or
- d.** An outpatient treatment provider has certified on a form prescribed by the division that the provider has reasonable cause to believe the person is in need of evaluation for commitment to treatment.

The involvement of the law enforcement authority shall continue at the screening service as long as necessary to protect the safety of the person in custody and the safety of the community from which the person was taken.

History

L. 1987, c. 116, § 6; amended [2009, c. 112](#), § 6, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.7](#)

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§ 30:4-27.7. Immunity from liability

- a. A law enforcement officer, screening service, outpatient treatment provider or short-term care facility designated staff person or their respective employers, acting in good faith pursuant to P.L.1987, c.116 ([C.30:4-27.1](#) et seq.) and [P.L.2009, c.112](#) who takes reasonable steps to assess, take custody of, detain or transport an individual for the purposes of mental health assessment or treatment is immune from civil and criminal liability.
- b. An emergency services or medical transport person or their respective employers, acting in good faith pursuant to this act and pursuant to the direction of a person designated in subsection a. of this section, who takes reasonable steps to take custody of, detain or transport an individual for the purpose of mental health assessment or treatment is immune from civil and criminal liability.

For the purposes of this subsection, “emergency services or medical transport person” means a member of a first aid, ambulance, rescue squad or fire department, whether paid or volunteer, auxiliary police officer or paramedic.

History

L. 1987, c. 116, § 7; amended [1992, c. 152](#); amended [2009, c. 112](#), § 7, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.8](#)

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§ 30:4-27.8. Short-term care facilities designated

- a. The commissioner, in consultation with the Commissioner of Health and Senior Services, shall designate one or more mental health agencies or facilities in each county or multi-county region in the State as short-term care facilities. The commissioner shall so designate an agency or facility only with the approval of the agency's or facility's governing body.
- b. The commissioner shall designate one or more mental health agencies in each county or multi-county region in the State as an outpatient treatment provider, and shall authorize the designated outpatient treatment provider to provide services to persons from a specified geographic area. The commissioner shall so designate an agency only with the approval of the agency's governing body.

History

L. 1987, c. 116, § 8; amended [2009, c. 112](#), § 8, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.8a](#)

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§ 30:4-27.8a. Plan of outpatient treatment developed by provider

- a. An outpatient treatment provider shall develop a plan of outpatient treatment, in cooperation with screening service or short term care facility staff or the court, as applicable, for patients committed and assigned to outpatient treatment by screening service staff or order of a court, or both. When appropriate and available, and as permitted by law, the provider shall make reasonable efforts to gather information from the patient's family or significant others for the purposes of developing the plan of outpatient treatment.
- b. During the time a patient is assigned to the outpatient treatment provider for services pursuant to a commitment to outpatient treatment, the outpatient treatment provider shall provide and coordinate the provision of care consistent with the plan of outpatient treatment.
- c. If a patient fails to materially comply with the plan of outpatient treatment during the time the patient is assigned by a screening service to the outpatient treatment provider for services pursuant to a commitment to outpatient treatment, or if the outpatient treatment provider determines that the plan of outpatient treatment is inadequate to meet the patient's mental health needs, the provider shall notify the screening service of the material noncompliance or plan inadequacy, as applicable, and the patient shall be referred to a screening service for an assessment to determine what mental health services are appropriate and where those services may be provided, in accordance with section 5 of P.L.1987, c.116 ([C.30:4-27.5](#)). In such a case, the patient shall be afforded the protections and procedures provided for in P.L.1987, c.116 and [P.L.2009, c.112](#).
- d. If a patient fails to materially comply with the plan of outpatient treatment during the time the patient is assigned by a court to the outpatient treatment provider for services pursuant to a commitment to outpatient treatment, or if the outpatient treatment provider determines that the plan of outpatient treatment is inadequate to meet the patient's mental health needs, the provider shall notify the court and screening service of the material noncompliance or plan inadequacy, as applicable, and the patient shall be referred to a screening service for an assessment to determine what mental health services are appropriate and where those services may be provided, in accordance with section 5 of P.L.1987, c.116 ([C.30:4-27.5](#)). In such a case, the patient shall be afforded the protections and procedures provided for in P.L.1987, c.116 and [P.L.2009, c.112](#).
- e. If an outpatient treatment provider determines that a plan of outpatient treatment is inadequate and needs to be modified, but referral to a screening service is not necessary, the provider shall seek court approval for such modification and shall notify the court, the patient's attorney and the county adjuster of the request for court approval of such modification.

History

L. [2009, c. 112](#), § 9, eff. Aug. 11, 2010.

[N.J. Stat. § 30:4-27.10](#)

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§ 30:4-27.10. Court proceedings

a.

(1) A short-term care or psychiatric facility or a special psychiatric hospital shall initiate court proceedings for involuntary commitment to inpatient or outpatient treatment by submitting to the court a clinical certificate completed by a psychiatrist on the patient's treatment team or an electronically scanned clinical certificate in lieu of the original certificate, and the screening certificate or an electronically scanned screening certificate in lieu of the original certificate which authorized admission of the patient to the facility; provided, however, that both certificates shall not be signed by the same psychiatrist unless the psychiatrist has made a reasonable but unsuccessful attempt to have another psychiatrist conduct the evaluation and execute the certificate.

(2) A screening service or outpatient treatment provider shall initiate court proceedings for commitment to outpatient treatment by submitting to the court a clinical certificate completed by a psychiatrist on the patient's treatment team or an electronically scanned clinical certificate in lieu of the original certificate, and the screening certificate or an electronically scanned screening certificate in lieu of the original certificate which authorized assignment of the patient to outpatient treatment with the outpatient treatment provider; provided, however, that both certificates shall not be signed by the same psychiatrist unless the psychiatrist has made a reasonable but unsuccessful attempt to have another psychiatrist conduct the evaluation and execute the certificate.

b. Court proceedings for the involuntary commitment to treatment of any person not referred by a screening service may be initiated by the submission to the court of two clinical certificates, at least one of which is prepared by a psychiatrist. The person shall not be involuntarily committed before the court issues a temporary court order.

c. A court proceeding for involuntary commitment to treatment of an inmate who is scheduled for release upon expiration of a maximum term of incarceration shall be initiated by the Attorney General or county prosecutor by submission to the court of two clinical certificates, at least one of which is prepared by a psychiatrist.

d. The Attorney General, in exercise of the State's authority as *parens patriae*, may initiate a court proceeding for the involuntary commitment to treatment of any person in accordance with the procedures set forth in subsection a. or b. of this section. When the Attorney General determines that the public safety requires initiation of a proceeding pursuant to subsection b. of this section, the Attorney General may apply to the court for an order compelling the psychiatric evaluation of the person. The court shall grant the Attorney General's application if the court finds that there is reasonable cause to believe that the person may be in need of involuntary commitment to treatment. The Attorney General may delegate the authority granted pursuant to this subsection, on a case by case basis, to the county prosecutor.

e. Any person who is a relative by blood or marriage of the person being screened who executes a clinical certificate, or any person who signs a clinical certificate for any purpose or motive other than for purposes

of care, treatment and confinement of a person in need of involuntary commitment to treatment, shall be guilty of a crime of the fourth degree.

f. Upon receiving these documents the court shall immediately review them in order to determine whether there is probable cause to believe that the person is in need of involuntary commitment to treatment.

g. If the court finds that there is probable cause to believe that the person, other than a person whose commitment is sought pursuant to subsection c. of this section, is in need of involuntary commitment to treatment, it shall issue a temporary order authorizing the assignment of the person to an outpatient treatment provider or the admission to or retention of the person in the custody of the facility, that is both appropriate to the person's condition and is the least restrictive environment, pending a final hearing.

h. If the court finds that there is probable cause to believe that a person whose commitment is sought pursuant to subsection c. of this section is in need of involuntary commitment to treatment, it shall issue an order setting a date for a final hearing and authorizing the Commissioner of the Department of Corrections to arrange for temporary commitment pursuant to section 2 of P.L.1986, c.71 ([C.30:4-82.2](#)) to the Ann Klein Forensic Center in Trenton or other facility designated for the criminally insane pending the final hearing and prior to the expiration of the person's term. The order shall specifically provide for transfer of custody to the Ann Klein Forensic Center in Trenton or other facility designated for the criminally insane if the person's maximum term will expire prior to the final hearing.

i. In the case of a person committed to treatment at a short-term care facility or special psychiatric hospital, after the facility's treatment team conducts a mental and physical examination, administers appropriate treatment and prepares a discharge assessment, the facility may transfer the patient to a psychiatric facility prior to the final hearing; provided that: (1) the patient, his family and his attorney are given 24 hours' advance notice of the pending transfer; and (2) the transfer is accomplished in a manner which will give the receiving facility adequate time to examine the patient, become familiar with his behavior and condition and prepare for the hearing. In no event shall the transfer be made less than five days prior to the date of the hearing unless an unexpected transfer is dictated by a change in the person's clinical condition.

j. A clinical certificate or screening certificate that is electronically scanned pursuant to subsection a. or b. of this section shall be transmitted in accordance with the Rules of Court.

History

L. 1987, c. 116, § 10; amended [1994, c. 134](#), § 6; [2009, c. 112](#), § 11, eff. Aug. 11, 2010; [2014, c. 43](#), § 1, eff. Sept. 10, 2014.

[N.J. Stat. § 30:4-27.9](#)

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§ 30:4-27.9. Purposes, procedures

Outpatient treatment providers, short-term care facilities, psychiatric facilities and special psychiatric hospitals shall effectuate the following purposes and procedures:

a. An outpatient treatment provider to which a person has been assigned pursuant to an order of continued involuntary commitment to treatment pursuant to section 15 of P.L.1987, c.116 ([C.30:4-27.15](#)) shall maintain the plan of outpatient treatment approved by the court pursuant to section 17 of [P.L.2009, c.112 \(C.30:4-27.15a\)](#), and shall notify the court, the person's attorney and the county adjuster of any material non-compliance with the plan by the person and of the inadequacy of the plan of outpatient treatment to meet the person's mental health needs, if applicable, and seek court approval for a modification to a plan of outpatient treatment, as provided for in section 9 of [P.L.2009, c.112 \(C.30:4-27.8a\)](#).

The director or chief executive officer of a short-term care facility, psychiatric facility or special psychiatric hospital shall have custody of a person while that person is detained in the facility and shall notify:

(1) appropriate public or private agencies to arrange for the care of any dependents and to ensure the protection of the person's property; and (2) appropriate ambulatory mental health providers for the purposes of beginning discharge planning.

If a person is admitted to a psychiatric facility, the chief executive officer of the facility shall promptly notify the county adjuster of the person's county of residence that the person has been admitted to the facility.

The facility is authorized to provide assessment, treatment and rehabilitation services and shall provide discharge planning services as required pursuant to section 18 of P.L.1987, c.116 ([C.30:4-27.18](#)).

The facility is authorized to detain persons involuntarily committed to the facility.

b. A person shall not be involuntarily committed to treatment at an outpatient treatment provider, short-term care or psychiatric facility, or special psychiatric hospital unless the person is in need of involuntary commitment to treatment.

The person shall be assigned involuntarily to an outpatient treatment provider or admitted involuntarily to a facility only by referral from a screening service or temporary court order. The person may be admitted voluntarily to a short-term care or psychiatric facility or special psychiatric hospital only after the person has been advised orally and in writing of the discharge provisions established pursuant to P.L.1987, c.116 ([C.30:4-27.1](#) et seq.) and [P.L.2009, c.112 \(C.30:4-27.8a\)](#) et al.) and of the subsequent possibility that the facility may initiate involuntary commitment proceedings for the person.

c. A short-term care or psychiatric facility, or special psychiatric hospital may detain a person, admitted to the facility involuntarily by referral from a screening service without a temporary court order, for no more than 72 hours from the time the screening certificate was executed. During this period of time the facility shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 ([C.30:4-27.10](#)).

d. A person shall not be assigned to an outpatient treatment provider by referral from a screening service without a temporary court order, for more than 72 hours from the time the screening certificate was executed. During this period of time the provider shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 ([C.30:4-27.10](#)).

History

L. 1987, c. 116, § 9; amended [2009, c. 112](#), § 10, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.11](#)

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§ 30:4-27.11. Patient rights

A patient admitted to a short-term care or psychiatric facility or special psychiatric hospital either on a voluntary or involuntary basis, or assigned to an outpatient treatment provider has the following rights:

- a. The right to have examinations and services provided in the patient's primary means of communication including, as soon as possible, the aid of an interpreter if needed because the patient is of limited English-speaking ability or suffers from a speech or hearing impairment;
- b. The right to a verbal explanation of the reasons for admission to the facility or assignment to the provider, as applicable, the availability of an attorney and the rights provided in P.L.1987, c.116 ([C.30:4-27.1](#) et seq.) and [P.L.2009, c.112](#); and
- c. The right to be represented by an attorney and, if unrepresented or unable to afford an attorney, the right to be provided with an attorney paid for by the appropriate government agency. An attorney representing a patient has the right to inspect and copy the patient's clinical chart.

The clinical director of the facility, or the outpatient treatment provider, as appropriate, shall ensure that a written statement of the rights provided in P.L.1987, c.116 ([C.30:4-27.1](#) et seq.) and [P.L.2009, c.112](#) is provided to patients at the time of admission or assignment, as applicable, as soon as possible thereafter, and to patients and their families upon request.

History

L. 1987, c. 116, § 11; amended [2009, c. 112](#), § 12, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.11a](#)

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§ 30:4-27.11a. Findings, declarations

The Legislature finds and declares that:

- a.** It is of paramount public interest to ensure the rights of all patients in inpatient psychiatric facilities, including those persons being assessed or receiving treatment on an involuntary basis in screening services and short-term care facilities as defined in section 2 of P.L.1987, c.116 ([C.30:4-27.2](#));
- b.** The rights set forth in section 10 of P.L.1965, c.59 ([C.30:4-24.2](#)) apply to any person who has been involuntarily committed to a State or county psychiatric hospital, a psychiatric unit of a county hospital, or a special psychiatric hospital in accordance with the laws of this State;
- c.** Because involuntary assessment and treatment in a screening service and involuntary commitment to a short-term care facility involve the deprivation of a patient's liberty, it is necessary to specify and guarantee by statute the rights to which that patient is entitled, in a manner similar to that provided for a patient who is involuntarily committed to a State or county psychiatric hospital, a psychiatric unit of a county hospital, or a special psychiatric hospital, while recognizing the administrative, structural, and staffing features of screening services and short-term care facilities which are different from State or county psychiatric hospitals, psychiatric units of county hospitals, or special psychiatric hospitals, as well as recognizing differences between the administrative, structural, and staffing features of screening services and short-term care facilities by providing a separate guarantee of rights for patients in each of these settings; and
- d.** All patients who are receiving assessment or treatment on an involuntary basis in screening services and short-term care facilities, as defined in section 2 of P.L.1987, c.116 ([C.30:4-27.2](#)), are entitled to receive professional treatment of the highest standard and, unless the patient is mentally incapacitated, to participate in their treatment and discharge planning to the fullest extent possible.

History

L. [1991, c. 233](#), § 1; amended [2013, c. 103](#), § 81, eff. Aug. 7, 2013.

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[N.J. Stat. § 30:4-27.11b](#)

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§ 30:4-27.11b. Definitions

As used in this act:

“Patient” means a person 18 years of age and older who is being involuntarily assessed or treated in a screening service or who has been involuntarily committed to a short-term care facility in accordance with the provisions of P.L. 1987, c. 116 ([C. 30:4-27.1](#) et seq.).

“Screening service” means a “screening service” as defined in section 2 of P.L. 1987, c. 116 ([C. 30:4-27.2](#)), and includes psychiatric emergency services which are funded by the Division of Mental Health and Hospitals in the Department of Human Services and are affiliated with a screening service.

“Short-term care facility” means a “short-term care facility” as defined in section 2 of P.L. 1987, c. 116 ([C. 30:4-27.2](#)).

History

L. [1991, c. 233](#), § 2.

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§ 30:4-27.11c. Patient not deprived of rights through receiving assessment, treatment

- a.** Subject to any other provisions of law and the Constitutions of New Jersey and the United States, a patient shall not be deprived of a civil right solely by reason of receiving assessment or treatment under the provisions of P.L.1987, c.116 ([C.30:4-27.1](#) et seq.), nor shall the assessment or treatment modify or vary a legal or civil right of that patient, including, but not limited to, the right to register for and to vote at elections, or rights relating to the granting, forfeiture, or denial of a license, permit, privilege, or benefit pursuant to any law.
- b.** A patient shall be entitled to all rights set forth in this act and shall retain all rights not specifically denied under P.L.1987, c.116 ([C.30:4-27.1](#) et seq.) and [P.L.1989, c.170](#) ([C.26:2H-12.7](#) et seq.).
- c.** A patient shall not be presumed to be mentally incapacitated solely because of an examination or treatment for mental illness.
- d.** A patient shall be entitled to a writ of habeas corpus upon proper petition by the patient, a relative, or a friend to a court of competent jurisdiction in the county in which the patient is detained and shall further be entitled to enforce, by civil action or other remedies otherwise available by common law or statute, any of the rights provided in [P.L.1991, c.233](#) ([C.30:4-27.11a](#) et seq.).

History

L. [1991, c. 233](#), § 3; amended [2013, c. 103](#), § 82, eff. Aug. 7, 2013.

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.11d. Rights of patient in short-term care facility

a. A patient in a short-term care facility shall have the following rights, which shall not be denied under any circumstances. A list of these rights shall be posted in a conspicuous place in each room designated for use by a patient and otherwise brought to the patient's attention pursuant to subsection d. of this section:

(1) To be free from unnecessary or excessive medication. Medication shall not be administered unless at the written or verbal order of a physician. A verbal order shall be valid only for a period of 24 hours, after which a written order for the medication shall be completed. At least weekly, the attending physician shall review the drug regimen of each patient under the physician's care. Medication shall be administered in accordance with generally accepted medical standards as part of a treatment program. Medication shall not be used as punishment, for the convenience of staff, as a substitute for a treatment program, or in quantities that interfere with the patient's treatment program.

In an emergency in which less restrictive or appropriate alternatives acceptable to the patient are not available to prevent imminent danger to the patient or others, medication may be administered over a patient's objection at the written order of a physician, which shall be valid for a period of up to 72 hours, in order to lessen the danger.

A patient's right to refuse medication when imminent danger to the patient or others is not present may be overridden by a written policy which has been adopted by the short-term care facility to protect the patient's right to exercise informed consent to the administration of medication. The written policy shall, at a minimum, provide for appropriate procedures that ensure notice to the patient of the decision by the attending physician or other designated physician to administer medication, and the right to question the physician about the physician's decision to administer medication and to provide information to the physician regarding that decision. The written policy shall also provide for review of the patient's decision to object to the administration of medication by a psychiatrist who is not directly involved in the patient's treatment. The psychiatrist shall not override the patient's decision to object to the administration of medication unless the psychiatrist determines that: the patient is incapable, without medication, of participating in a treatment plan that will provide a realistic opportunity of improving the patient's condition; or, although it is possible to devise a treatment plan that will provide a realistic opportunity of improving the patient's condition without medication, a treatment plan which includes medication would probably improve the patient's condition within a significantly shorter time period, or there is a significant possibility that, without medication, the patient will harm himself or others before improvement of the patient's condition is realized.

An adult who has been voluntarily committed to a short-term care facility shall have the right to refuse medication.

(2) Not to be subjected to psychosurgery or sterilization, without the express and informed, written consent of the patient after consultation with counsel or interested party of the patient's choice. A copy of the patient's consent shall be placed in the patient's treatment record. If the patient has been adjudicated incapacitated, a court of competent jurisdiction shall hold a hearing to determine the

necessity of the procedure. The patient shall be physically present at the hearing, represented by counsel, and provided the right and opportunity to be confronted with and to cross-examine all witnesses alleging the necessity of the procedure. In these proceedings, the burden of proof shall be on the party alleging the necessity of the procedure. In the event that a patient cannot afford counsel, the court shall appoint an attorney not less than 10 days before the hearing. An attorney so appointed shall be entitled to a reasonable fee to be determined by the court and paid by the State.

(3) To be free from unnecessary physical restraint and seclusion. Except for an emergency in which a patient has caused substantial property damage or has attempted to harm himself or others, or in which the patient's behavior threatens to harm himself or others, and in which less restrictive means of restraint are not feasible, a patient may be physically restrained or placed in seclusion only on an attending physician's written order or that of another designated physician which explains the rationale for that action. The written order may be given only after the attending physician or other designated physician has personally seen the patient, and evaluated the episode or situation that is said to require restraint or seclusion.

In an emergency, the use of restraints or seclusion may be initiated by a registered professional nurse and shall be for no more than one hour. Within that hour, the nurse shall consult with the attending physician or other designated physician and, if continued restraint or seclusion is determined to be necessary, shall obtain an order from the attending physician or other designated physician to continue the use of restraints or seclusion. If an order is given, the patient shall be reevaluated by the nurse or the attending physician or other designated physician as to the patient's physical and psychiatric condition and the need for continuing the restraints or seclusion at least every two hours until the use of restraints or seclusion has ended.

The patient's attending physician or other designated physician shall enter a written order approving the continued use of restraints or seclusion no later than 24 hours after the time that physical restraint or seclusion began, and only after the physician has personally seen the patient. A written order by the physician for the continued use of restraints or seclusion shall be effective for no more than 24 hours and shall be renewed if restraint and seclusion are continued. A medical examination of the patient shall be conducted every 12 hours by a physician.

While a patient is in restraints or seclusion, nursing personnel shall check the patient's hygienic, toileting, food-related, and other needs every 15 minutes. A notation of these checks shall be placed in the patient's medical record along with the order for restraints or seclusion. A patient in restraints shall be permitted to ambulate every four hours, except when the patient's psychiatric condition would make a release from restraints dangerous to the patient or others, and shall be permitted to ambulate at least once every 12 hours regardless of the patient's psychiatric condition.

(4) To be free from any form of punishment.

(5) Not to receive electroconvulsive treatment or participate in experimental research without the express and informed, written consent of the patient. The patient shall have the right to consult with counsel or interested party of the patient's choice. A copy of the patient's consent shall be placed in the patient's treatment record. If the patient has been adjudicated incapacitated, a court of competent jurisdiction shall hold a hearing to determine the necessity of the procedure. The patient shall be physically present at the hearing, represented by counsel, and provided the right and opportunity to be confronted with and to cross-examine all witnesses alleging the necessity of the procedure. In these proceedings, the burden of proof shall be on the party alleging the necessity of the procedure. In the event that a patient cannot afford counsel, the court shall appoint an attorney not less than 10 days before the hearing. An attorney so appointed shall be entitled to a reasonable fee to be determined by the court and paid by the State.

b. A patient receiving treatment in a short-term care facility shall have the following rights, which may only be denied pursuant to subsection c. of this section. A list of these rights shall be posted in a conspicuous place in each room designated for use by a patient and otherwise brought to the patient's attention pursuant to subsection d. of this section:

- (1)** To privacy and dignity.
- (2)** To the least restrictive conditions necessary to achieve the purposes of treatment.
- (3)** To wear the patient's own clothes; to have access to and use nondangerous personal possessions including toilet articles; and to have access to and be allowed to spend a reasonable sum of money for expenses and small purchases.
- (4)** To have access to individual storage space for private use.
- (5)** To see visitors each day.
- (6)** To have reasonable access to and use of telephones, both to make and receive confidential calls.
- (7)** To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.
- (8)** To regular physical exercise or organized physical activities several times a week.
- (9)** To be outdoors at regular and frequent intervals, in the absence of medical considerations, commencing two weeks after admission, except where the physical location of the short-term care facility precludes outdoor exercise or would render the supervision of outdoor exercise too onerous for the facility.
- (10)** To suitable opportunities for interaction with members of the opposite sex, with adequate supervision.
- (11)** To practice the patient's religion of choice or abstain from religious practices. Provisions for worship shall be made available to each patient on a nondiscriminatory basis.
- (12)** To receive prompt and adequate medical treatment for any physical ailment.
- (13)** To be provided with a reasonable explanation, in terms and language appropriate to the patient's condition and ability to understand, of:
 - (a)** the patient's general mental and physical condition;
 - (b)** the objectives of the patient's treatment;
 - (c)** the nature and significant possible adverse effects of recommended treatments;
 - (d)** the reasons why a particular treatment is considered appropriate; and
 - (e)** the reasons for the denial of any of the patient's rights pursuant to subsection c. of this section.

c.

- (1)** A patient's rights designated under subsection b. of this section may be denied only for good cause when the attending physician feels it is imperative to deny any of these rights; except that, under no circumstances shall a patient's right to communicate with the patient's attorney, physician, or the courts be restricted. The denial of a patient's rights shall take effect only after a copy of the written notice of the denial has been filed in the patient's treatment record and shall include an explanation of the reason for the denial.
 - (2)** A denial of rights shall be effective for a period not to exceed 10 days and shall be renewed for additional 10-day periods only by a written statement entered by the attending physician or other designated physician in the patient's treatment record indicating the detailed reason for the renewal of the denial.
 - (3)** In each instance of a denial or a renewal, the patient, the patient's attorney, and the patient's guardian, if the patient has been adjudicated incapacitated, shall be given written notice of the denial or renewal and the reason.
- d.** A notice of the rights set forth in this section shall be given to a patient in a short-term care facility upon admission. The notice shall be written in simple understandable language. It shall be in a language the

patient understands and if the patient cannot read the notice, it shall be read to the patient. If a patient is adjudicated incapacitated, the notice shall be given to the patient's guardian. Receipt of this notice shall be acknowledged in writing with a copy placed in the patient's file. If the patient or guardian refuses to acknowledge receipt of the notice, the person delivering the notice shall state this in writing, with a copy placed in the patient's file.

History

L. [1991, c. 233](#), § 4; amended [2013, c. 103](#), § 83, eff. Aug. 7, 2013.

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.11e. Rights of patient in screening service

a. A patient in a screening service shall have the following rights, which shall apply during the first 24 hours of involuntary assessment and care provided at a screening service and which shall not be denied under any circumstances. A list of these rights shall be posted in a conspicuous place in the screening service and otherwise brought to the patient's attention pursuant to subsection d. of this section:

(1) To be free from unnecessary or excessive medication. Medication shall not be administered unless at the order of a physician. Medication shall be administered in accordance with generally accepted medical standards as part of a treatment program. Medication shall not be used as punishment, for the convenience of staff, as a substitute for a treatment program, or in quantities that interfere with the patient's treatment program.

In an emergency in which less restrictive or appropriate alternatives acceptable to the patient are not available to prevent imminent danger to the patient or others, medication may be administered over a patient's objection at the written order of a physician, which shall be valid for a period of up to 24 hours, in order to lessen the danger.

(2) Not to be subjected to experimental research, psychosurgery, or sterilization, without the express and informed, written consent of the patient. The patient shall have the right to consult with counsel or interested party of the patient's choice. A copy of the patient's consent shall be placed in the patient's treatment record.

(3) To be free from unnecessary physical restraint and seclusion. Except for an emergency, in which a patient has caused substantial property damage or has attempted to harm himself or others, or in which the patient's behavior threatens to harm himself or others, and in which less restrictive means of restraint are not feasible, a patient may be physically restrained or placed in seclusion only on an attending physician's written order or that of another designated physician which explains the rationale for that action. The written order may be given only after the attending physician or other designated physician has personally seen the patient, and evaluated the episode or situation that is said to require restraint or seclusion.

In an emergency, the use of restraints or seclusion may be initiated by a registered professional nurse and shall be for no more than one hour. Within that hour, the nurse shall consult with the attending physician or other designated physician and, if continued restraint or seclusion is determined to be necessary, shall obtain an order from the physician to continue the use of restraints or seclusion. If an order is given, the patient shall be reevaluated by the nurse or the attending physician or other designated physician as to the patient's physical and psychiatric condition and the need for continuing the restraints or seclusion at least every two hours until the use of restraints or seclusion has ended.

The patient's attending physician or other designated physician shall enter a written order approving the continued use of restraints or seclusion no later than 12 hours after the time that physical restraint or seclusion began, after the physician has personally seen the patient. A written order by the physician for the continued use of restraints or seclusion shall be effective for no more than 24 hours and shall be

renewed if restraint and seclusion are continued. A medical examination of the patient shall be conducted every 12 hours by a physician.

While a patient is in restraints or seclusion, nursing personnel shall check the patient's hygienic, toileting, food-related, and other needs every 15 minutes. A notation of these checks shall be placed in the patient's medical record along with the order for restraints or seclusion. A patient in restraints shall be permitted to ambulate every four hours, except when the patient's psychiatric condition would make a release from restraints dangerous to the patient or others, and shall be permitted to ambulate at least once every 12 hours regardless of the patient's psychiatric condition.

(4) To be free from any form of punishment.

b. A patient receiving treatment in a screening service shall have the following rights, which may only be denied pursuant to subsection c. of this section. A list of these rights shall be posted in a conspicuous place in the screening service and otherwise brought to the patient's attention pursuant to subsection d. of this section:

(1) To privacy and dignity.

(2) To the least restrictive conditions necessary to achieve the purposes of treatment.

(3) To wear the patient's own clothes, except as necessary for medical examination.

(4) To see visitors.

(5) To have reasonable access to and use of telephones, both to make and receive confidential calls.

(6) To practice the patient's religion of choice or abstain from religious practices.

(7) To receive prompt and adequate medical treatment for any physical ailment.

(8) To be provided with a reasonable explanation, in terms and language appropriate to the patient's condition and ability to understand, of:

(a) the patient's general mental condition, and physical condition if the screening service has conducted a physical examination of the patient;

(b) the objectives of the patient's treatment;

(c) the nature and significant possible adverse effects of recommended treatments;

(d) the reasons why a particular treatment is considered appropriate; and

(e) the reasons for the denial of any of the patient's rights pursuant to subsection c. of this section.

(9) To have a discharge plan prepared and to participate in the preparation of that plan.

c.

(1) A patient's rights designated under subsection b. of this section may be denied only for good cause when the attending physician feels it is imperative to deny any of these rights; except that, under no circumstances shall a patient's right to communicate with the patient's attorney, physician, or the courts be restricted. The denial of a patient's rights shall take effect only after a copy of the written notice of the denial has been filed in the patient's treatment record and shall include an explanation of the reason for the denial.

(2) A denial of rights shall be effective only for the period of time that the patient is in the screening service.

d. A notice of the rights set forth in this section shall be given to a patient as soon as possible upon admission to the screening service. The notice shall be written in simple understandable language. It shall be in a language the patient understands and if the patient cannot read the notice, it shall be read to the patient. If the patient is adjudicated incapacitated, the notice shall be given to the patient's guardian. Receipt of this notice shall be acknowledged in writing with a copy placed in the patient's file. If the patient

or guardian refuses to acknowledge receipt of the notice, the person delivering the notice shall state this in writing with a copy placed in the patient's file.

History

L. [1991, c. 233](#), § 5; amended [2013, c. 103](#), § 84, eff. Aug. 7, 2013.

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[N.J. Stat. § 30:4-27.12](#)

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§ 30:4-27.12. Court hearing

- a.** A patient who is involuntarily committed to treatment and assigned to an outpatient treatment provider or involuntarily committed to treatment and admitted to a short-term care or psychiatric facility or special psychiatric hospital shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from initial commitment unless the patient has been administratively discharged pursuant to section 17 of P.L.1987, c.116 ([C.30:4-27.17](#)). However, if a person is involuntarily committed pursuant to subsection c. or d. of section 10 of P.L.1987, c.116 ([C.30:4-27.10](#)), that person immediately shall be committed to the Ann Klein Forensic Center in Trenton or other facility designated for the criminally insane for the duration of the 20-day waiting period.
- b.** Except as provided in subsection c. of this section, the assigned county counsel is responsible for presenting the case for the patient's involuntary commitment to the court, unless the county adjuster is licensed to practice law in this State, in which case the county adjuster shall present the case for the patient's involuntary commitment to the court.
- c.** Notwithstanding the provisions of subsection b. of this section and upon notice to the county adjuster:
- (1)** The Attorney General, or the county prosecutor acting at the request of the Attorney General, may supersede the county counsel or county adjuster and assume responsibility for presenting any case for involuntary commitment to treatment or may elect to participate with the county counsel or county adjuster in presenting any such case; and
 - (2)** The county prosecutor may supersede the county counsel or county adjuster and assume responsibility for presenting any case for involuntary commitment to treatment initiated by the county prosecutor pursuant to subsection c. of section 10 of P.L.1987, c.116 ([C.30:4-27.10](#)) or may elect to participate with the county counsel in the presentation of any such case.
- d.** A patient subject to involuntary commitment to treatment shall have counsel present at the hearing and shall not be permitted to appear at the hearing without counsel.

History

L. 1987, c. 116, § 12; amended [1989, c. 73](#), § 2; [1994, c. 134](#), § 7; [2009, c. 112](#), § 13, eff. Aug. 11, 2010.

[N.J. Stat. § 30:4-27.13](#)

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§ 30:4-27.13. Notice of hearing

- a. At least 10 days prior to a court hearing, the county adjuster of the admitting county or the Attorney General or county prosecutor if presenting the case for the patient's involuntary commitment to treatment, shall cause notice of the court hearing to be served upon the patient, the patient's guardian if any, the patient's next-of-kin, the patient's attorney, the director, chief executive officer, or other individual who has custody of the patient, the county adjuster of the county in which the patient has legal settlement and any other individual specified by the court. The notice shall contain the date, time and location of the court hearing. The patient and the patient's attorney shall also receive copies of the clinical certificates and supporting documents, the temporary court order and a statement of the patient's rights at the court hearing.
- b. A psychiatrist on the patient's treatment team who has conducted a personal examination of the patient as close to the court hearing date as possible, but in no event more than five calendar days prior to the court hearing, shall testify at the hearing to the clinical basis for the need for involuntary commitment to treatment. Other members of the patient's treatment team and any other witness with relevant information offered by the patient or the persons presenting the case for civil commitment shall also be permitted to testify at the hearing.
- c. The patient's next-of-kin may attend and testify at the court hearing if the court so determines.
- d. The court shall transcribe the court hearing and arrange for the payment of expenses related thereto in the same manner as for other court proceedings.

History

L. 1987, c. 116, § 13; amended [1994, c. 134](#), § 8; [2009, c. 112](#), § 14, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.14](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.14. Patient rights at hearing

A person subject to involuntary commitment to treatment has the following rights at a court hearing and any subsequent review court hearing:

- a. The right to be represented by counsel or, if indigent, by appointed counsel;
- b. The right to be present at the court hearing unless the court determines that because of the person's conduct at the court hearing the proceeding cannot reasonably continue while the person is present;
- c. The right to present evidence;
- d. The right to cross examine witnesses; and
- e. The right to a hearing in camera.

History

L. 1987, c. 116, § 14; amended [2009, c. 112](#), § 15, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.15](#)

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§ 30:4-27.15. Court findings relative to involuntary commitment to treatment

- a. If the court finds by clear and convincing evidence that the patient needs continued involuntary commitment to treatment, it shall issue an order authorizing the involuntary commitment of the patient and the assignment or admission of the patient pursuant to section 17 of [P.L.2009, c.112 \(C.30:4-27.15a\)](#) and shall schedule a subsequent court hearing in the event the patient is not administratively discharged pursuant to section 17 of P.L.1987, c.116 ([C.30:4-27.17](#)) prior thereto.
- b. If the court finds that the patient does not need continued involuntary commitment to treatment, the court shall so order. A patient who is serving a term of incarceration shall be returned to the appropriate State, county or local authority to complete service of the term of incarceration imposed until released in accordance with law, and any other patient shall be discharged by the facility within 48 hours of the court's verbal order or by the end of the next working day, whichever is longer, with a discharge plan prepared pursuant to section 18 of P.L.1987, c.116 ([C.30:4-27.18](#)).
- c.
 - (1) The court may discharge the patient subject to conditions, if the court finds that the person does not need involuntary or continued involuntary commitment to treatment and the court finds:
 - (a) that the patient's history indicates a high risk of rehospitalization because of the patient's failure to comply with discharge plans; or
 - (b) that there is substantial likelihood that by reason of mental illness the patient will be dangerous to himself, others or property if the patient does not receive other appropriate and available services that render involuntary commitment to treatment unnecessary.
 - (2) Conditions imposed pursuant to this section shall include those recommended by the facility and mental health agency and developed with the participation of the patient. Conditions imposed on the patient shall be specific and their duration shall not exceed 90 days unless the court determines, in a case in which the Attorney General or a county prosecutor participated, that the conditions should be imposed for a longer period. If the court imposes conditions for a period exceeding six months, the court shall provide for a review hearing on a date the court deems appropriate but in no event later than six months from the date of the order. The review hearing shall be conducted in the manner provided in this section, and the court may impose any order authorized pursuant to this section.
 - (3) The designated mental health agency staff person shall notify the court if the patient fails to meet the conditions of the discharge plan, and the court shall issue an order directing that the person be taken to a screening service for an assessment. The court shall determine, in conjunction with the findings of a screening service, if the patient needs to be rehospitalized and, if so, the patient shall be returned to the facility. The court shall hold a hearing within 20 days of the day the patient was returned to the facility to determine if the order of conditional discharge should be vacated.
- d. Notwithstanding subsection a. of this section, or any provision of section 16, 17 or 18 of P.L.1987, c.116 ([C.30:4-27.16](#), [30:4-27.17](#) or [30:4-27.18](#)), no person committed while serving a term of incarceration shall

be discharged by the court or administratively discharged prior to the date on which the person's maximum term would have expired had he not been committed. If the person is no longer in need of involuntary commitment to treatment, the person shall be returned to the appropriate State, county or local authority to complete service of the term of incarceration imposed until released in accordance with law, and the person shall be given day for day credit for all time during which the person was committed.

e. Notwithstanding subsection a. of this section, or any provision of section 16, 17 or 18 of P.L.1987, c.116 ([C.30:4-27.16](#), [30:4-27.17](#) or [30:4-27.18](#)), no person committed pursuant to [N.J.S.2C:4-8](#) concerning acquittal of a criminal charge by reason of insanity or pursuant to [N.J.S.2C:4-6](#) concerning lack of mental competence to stand trial shall be discharged by the court or administratively discharged unless the prosecuting attorney in the case receives prior notice and an opportunity to be heard.

History

L. 1987, c. 116, § 15; amended [1994, c. 134](#), § 9; [1996, c. 133](#), § 4, eff. Dec. 5, 1996; [2009, c. 112](#), § 16, eff. Aug. 11, 2010.

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§ 30:4-27.15a. Court determination of assignment of patient to involuntary commitment to treatment

- a.** The court shall determine whether a patient who has been found to need continued involuntary commitment to treatment pursuant to section 15 of P.L.1987, c.116 ([C.30:4-27.15](#)) should be assigned to an outpatient setting or admitted to an inpatient setting for treatment, and shall issue the order authorizing such placement pursuant to section 15 of P.L.1987, c.116 ([C.30:4-27.15](#)), in accordance with this section. In determining the commitment placement, the court shall consider the least restrictive environment for the patient to receive clinically appropriate treatment that would ameliorate the danger posed by the patient and provide the patient with appropriate treatment.
- b.** If the court determines that the least restrictive environment for the patient to receive clinically appropriate treatment would be in an outpatient setting and that there is a likelihood of the patient responding to outpatient treatment, the court shall obtain from a designated outpatient treatment provider a proposed plan of outpatient treatment for the patient which the court shall review. The plan of outpatient treatment shall be approved by the court.
- c.** If the court determines that the least restrictive environment for the patient to receive clinically appropriate treatment would be in an inpatient setting, the court shall issue an order for admission to a psychiatric facility.
- d.** Between the time periods for periodic court review hearings pursuant to section 16 of P.L.1987, c.116 ([C.30:4-27.16](#)), the chief executive officer of a psychiatric facility may recommend changing the placement of the patient from an inpatient to outpatient setting, in order to ensure that the patient receives clinically appropriate treatment in the least restrictive environment. The chief executive officer of the facility shall notify the court of the recommendation for the change in placement.
- e.** At the time the court sets the date for a hearing on the change in placement, notice of the hearing shall be served upon the patient, the patient's guardian, if any, the patient's next-of-kin, the patient's attorney and the county adjuster of the county in which the patient has legal settlement.
- f.** The provisions of section 14 of P.L.1987, c.116 ([C.30:4-27.14](#)) concerning patient rights at a hearing shall apply to the hearing pursuant to this subsection.

History

L. [2009, c. 112](#), § 17, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.16](#)

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§ 30:4-27.16. Court review hearings

a. A patient committed pursuant to a court order who is not administratively discharged pursuant to section 17 of P.L.1987, c.116 ([C.30:4-27.17](#)) shall be afforded periodic court review hearings of the need for involuntary commitment to treatment and of the least restrictive environment for that commitment. The review hearing shall be conducted in the manner provided in section 15 of P.L.1987, c.116 ([C.30:4-27.15](#)). If the court determines at a review hearing that involuntary commitment to treatment shall be continued, it shall execute a new order.

In the case of a patient who has been admitted to a facility, the court shall conduct the first review hearing three months from the date of the first hearing, the next review hearing nine months from the date of the first hearing and subsequent review hearings 12 months from the date of the first hearing and annually thereafter. The court may schedule additional review hearings but, except in extraordinary circumstances, not more often than once every 30 days.

In the case of a patient who has been assigned to an outpatient treatment provider, the court shall conduct the first review hearing six months from the date of the first hearing, the next review hearing nine months from the date of the first hearing and subsequent review hearings 12 months from the date of the first hearing and annually thereafter. The court may schedule additional review hearings but, except in extraordinary circumstances, not more often than once every 30 days.

b. At a court review hearing, when the advanced age of the patient or the cause or nature of the mental illness renders it appropriate and when it would be impractical to obtain the testimony of a psychiatrist as required in section 13 of P.L.1987, c.116 ([C.30:4-27.13](#)), the court may permit a physician on the patient's treatment team, who has personally conducted an examination of the patient as close to the hearing date as possible, but in no event more than five days prior to the hearing date, to testify at the hearing to the clinical basis for the need for involuntary commitment to treatment.

History

L. 1987, c. 116, 16; amended [2009, c. 112](#), § 18, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.17](#)

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§ 30:4-27.17. Discharge determination

- a. The treatment team at an outpatient treatment provider, short-term care or psychiatric facility or special psychiatric hospital shall, subject to the limitations set forth in subsections b. and c. of this section, administratively discharge a patient from involuntary commitment status if the treatment team determines that the patient no longer needs involuntary commitment to treatment. If a discharge plan has not been developed pursuant to section 18 of P.L.1987, c.116 ([C.30:4-27.18](#)), it shall be developed forthwith.
- b. If the patient is confined pursuant to an order entered under section 15 of P.L.1987, c.116 ([C.30:4-27.15](#)) in a case in which the Attorney General or a county prosecutor participated, the treatment team shall, no less than 10 days prior to the proposed date of administrative discharge, provide written notice to the committing court and to the person or persons who presented the case for involuntary commitment to treatment. If, within five days of receipt of such notice, a person who presented the case for commitment files a request for a hearing on the issue of continued need for commitment and serves notice of that request, in accordance with the provisions of section 13 of P.L.1987, c.116 ([C.30:4-27.13](#)), the treatment team shall delay the administrative discharge and the court shall schedule a hearing on the issue. The hearing shall be conducted in the manner provided in section 15 of P.L.1987, c.116 ([C.30:4-27.15](#)).
- c. If the patient is confined pursuant to an order entered under [N.J.S.2C:4-8](#) concerning acquittal of a criminal charge by reason of insanity or under [N.J.S.2C:4-6](#) concerning lack of mental competence to stand trial, the treatment team shall, no less than 10 days prior to the proposed date of administrative discharge, provide written notice to the committing court and to the prosecutor. If, within five days of receipt of such notice, the prosecutor files a request for a hearing on the issue of continued need for commitment and serves notice of that request, in accordance with the provisions of section 13 of P.L.1987, c.116 ([C.30:4-27.13](#)), the treatment team shall delay the administrative discharge and the court shall schedule a hearing on the issue. The hearing shall be conducted in the manner provided in section 15 of P.L.1987, c.116 ([C.30:4-27.15](#)).

History

L. 1987, c. 116, § 17; amended [1994, c. 134](#), § 10; [1996, c. 133](#), § 5, eff. Dec. 5, 1996; [2009, c. 112](#), § 19, eff. Aug. 11, 2010.

[N.J. Stat. § 30:4-27.18](#)

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§ 30:4-27.18. Discharge plan

A person discharged either by the court or administratively from an outpatient treatment provider, short-term care or psychiatric facility or special psychiatric hospital shall have a discharge plan prepared by the treatment team at the facility or provider, as appropriate, pursuant to this section. The treatment team shall give the patient an opportunity to participate in the formulation of the discharge plan.

In the case of patients committed to treatment at short-term care or psychiatric facilities, a community agency designated by the commissioner shall participate in the formulation of the plan. The facility shall advise the mental health agency of the date of the patient's discharge. The mental health agency shall provide follow-up care to the patient pursuant to regulations adopted by the commissioner.

In the case of patients assigned to outpatient treatment providers, the outpatient treatment provider shall participate in the formulation of the plan.

This section does not preclude discharging a patient to an appropriate professional.

Psychiatric facilities shall give notice of the discharge to the county adjuster of the county in which the patient has legal settlement.

History

L. 1987, c. 116, § 18; amended [2009, c. 112](#), § 20, eff. Aug. 11, 2010.

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[N.J. Stat. § 30:4-27.18a](#)

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Operation of Institutions (Arts. 1 — 14) > Article 3. Commitment (§§ 30:4-23 — 30:4-78.5) > B.
Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.18a. Reference to mean “in need of involuntary commitment to treatment”

Whenever, in any rule, regulation, order, contract, document, judicial or administrative proceeding or otherwise, reference is made to “in need of involuntary commitment” that term shall mean “in need of involuntary commitment to treatment” as defined in section 2 of P.L.1987, c.116 ([C.30:4-27.2](#)).

History

L. [2009, c. 112](#), § 22, eff. Aug. 11, 2010.

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.19. Interim financial assistance

The chief executive officer of a State or county psychiatric facility, or his designee, may authorize the payment of interim financial assistance to discharged patients for living expenses, pending determination of public benefits entitlements, when this assistance is necessary and appropriate pursuant to regulations adopted by the commissioner. When public benefit entitlements are received, discharged patients shall reimburse the psychiatric facility for all interim financial assistance provided.

History

L. 1987, c. 116, 19.

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[N.J. Stat. § 30:4-27.20](#)

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Operation of Institutions (Arts. 1 — 14) > Article 3. Commitment (§§ 30:4-23 — 30:4-78.5) > B.
Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.20. Discharge of voluntary patients

A voluntary patient at a short-term care or psychiatric facility or special psychiatric hospital shall be discharged by the treatment team at the patient's request. The treatment team shall document all requests for discharge, whether oral or written, in the patient's clinical record. The facility shall discharge the patient as soon as possible but in every case within 48 hours or at the end of the next working day from the time of the request, whichever is longer, except that if the treatment team determines that the patient needs involuntary commitment, the treatment team shall initiate court proceedings pursuant to section 10 of this act. The facility shall detain the patient beyond 48 hours or the end of the next working day from the time of the request for discharge, only if the court has issued a temporary court order.

History

L. 1987, c. 116, 20.

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[N.J. Stat. § 30:4-27.21](#)

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Operation of Institutions (Arts. 1 — 14) > Article 3. Commitment (§§ 30:4-23 — 30:4-78.5) > B.
Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.21. Transfer of patients

- a. A person involuntarily committed to a State psychiatric facility listed in [R.S. 30:1-7](#) may be transferred to another State psychiatric facility in accordance with rules adopted by the commissioner that specify the clinical and programmatic factors and the procedures related to the transfer.
- b. A person involuntarily committed to a State psychiatric facility may be transferred to a facility for psychiatric or medical care pursuant to an agreement between the department and that facility which specifies the clinical and programmatic factors and the procedures related to the transfer.
- c. A developmentally disabled person who resides in a State developmental center or other residential functional services placement for the developmentally disabled who is in need of involuntary commitment shall be involuntarily committed to a State or county psychiatric facility. As a result of the involuntary commitment, the physical transfer of the developmentally disabled person from the developmental center or other residential functional services placement to a State or county psychiatric facility and from the facility back to the developmental center or other residential functional services placement shall be on a two-way commissioner's order of transfer, which order shall be in effect for as long as the person is involuntarily committed. The person is not required to file a new application for functional services from the Division of Developmental Disabilities upon transfer back to the developmental center or other residential functional services placement. The person's legal settlement shall remain unchanged and the person shall not gain or lose legal settlement because of the transfers.

History

L. 1987, c. 116, § 21; amended [1995, c. 155](#), § 8.

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[N.J. Stat. § 30:4-27.22](#)

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§ 30:4-27.22. Uniform detainer form

- a. If a person in custody awaiting trial on a criminal or disorderly persons charge is admitted or committed pursuant to this act, the law enforcement authority which transferred the person shall complete a uniform detainer form, as prescribed by the division, which shall specify the charge, law enforcement authority and other information which is clinically and administratively relevant. This form shall be submitted to the admitting facility along with the screening certificate or temporary court order directing that the person be admitted to the facility.
- b. The division shall prepare the form with the approval of the Administrative Office of the Courts.
- c. When the person is administratively or judicially discharged and is still under the authority of the law enforcement authority, that authority shall, within 48 hours of receiving notification of the discharge, take custody of the person.

History

L. 1987, c. 116, 22.

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N.J. Stat. § 30:4-27.23

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.23. Allowable costs

Any costs incurred to comply with the provisions of this act will be considered allowable in establishment of rates, which are to be set in a regulatory environment.

History

L. 1987, c. 116, 31.

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N.J. Stat. § 30:4-27.24

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.24. Short title [New Jersey Sexually Violent Predator Act]

This act shall be known and may be cited as the “New Jersey Sexually Violent Predator Act.”

History

L. [1998, c. 71](#), § 1, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.25](#)

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§ 30:4-27.25. Findings, declarations relative to sexually violent predators

The Legislature finds and declares that:

- a.** Certain individuals who commit sex offenses suffer from mental abnormalities or personality disorders which make them likely to engage in repeat acts of predatory sexual violence if not treated for their mental conditions.
- b.** Under the existing involuntary commitment procedure, persons are subject to commitment if they are mentally ill and dangerous to self, others or property. “Mental illness” is a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, which causes the person to be dangerous to self, others or property. The nature of the mental condition from which a sexually violent predator may suffer may not always lend itself to characterization under the existing statutory standard, although civil commitment may nonetheless be warranted due to the danger the person may pose to others as a result of the mental condition.
- c.** Therefore, it is necessary to modify the involuntary civil commitment process in recognition of the need for commitment of those sexually violent predators who pose a danger to others should they be returned to society.
- d.** Moreover, because of the nature of the mental conditions from which sexually violent predators suffer and the danger they present, it is necessary to house involuntarily committed sexually violent predators in an environment separate from persons committed under P.L. 1987, c. 116 ([C. 30:4-27.1](#) et seq.) or otherwise confined.

History

L. [1998, c. 71](#), § 2, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.26](#)

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§ 30:4-27.26. Definitions relative to sexually violent predators

As used in this act:

“Agency with jurisdiction” means the agency which releases upon lawful order or authority a person who is serving a sentence or term of confinement, or is otherwise being detained or maintained in custody. This term includes the Department of Corrections or a county correctional facility, the Juvenile Justice Commission or a county juvenile detention facility, and the Department of Human Services. “Attorney General” means the Attorney General or a county prosecutor to whom the Attorney General has delegated authority under this act.

“Clinical certificate for a sexually violent predator” means a form prepared by the Division of Mental Health Services in the Department of Human Services and approved by the Administrative Office of the Courts, that is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for admission to a facility for treatment, and which states that the person is a sexually violent predator in need of involuntary commitment. The form shall also state the specific facts upon which the examining physician has based that conclusion and shall be certified in accordance with the Rules Governing the Courts of the State of New Jersey. A clinical certificate for a sexually violent predator may not be executed by an individual who is a relative by blood or marriage to the person who is being examined.

“Likely to engage in acts of sexual violence” means the propensity of a person to commit acts of sexual violence is of such a degree as to pose a threat to the health and safety of others.

“Mental abnormality” means a mental condition that affects a person’s emotional, cognitive or volitional capacity in a manner that predisposes that person to commit acts of sexual violence.

“Person” means an individual 18 years of age or older who is a potential or actual subject of proceedings under this act.

“Psychiatrist” means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.

“Sexually violent offense” means:

- (a) aggravated sexual assault; sexual assault; aggravated criminal sexual contact; kidnapping pursuant to subparagraph (b) of paragraph (2) of subsection c. of [N.J.S.2C:13-1](#); criminal sexual contact; felony murder pursuant to paragraph (3) of [N.J.S.2C:11-3](#) if the underlying crime is sexual assault; an attempt to commit any of these enumerated offenses; or a criminal offense with substantially the same elements as any offense enumerated above, entered or imposed under the laws of the United States, this State or another state; or
- (b) any offense for which the court makes a specific finding on the record that, based on the circumstances of the case, the person’s offense should be considered a sexually violent offense.

“Sexually violent predator” means a person who has been convicted, adjudicated delinquent or found not guilty by reason of insanity for commission of a sexually violent offense, or has been charged with a sexually violent offense but found to be incompetent to stand trial, and suffers from a mental abnormality or personality disorder that makes the person likely to engage in acts of sexual violence if not confined in a secure facility for control, care and treatment.

“Treatment team” means the individuals, agencies or firms which provide treatment, supervision or other services at a facility designated for the custody, care and treatment of sexually violent predators.

History

L. [1998, c. 71](#), § 3, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.27](#)

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§ 30:4-27.27. Written notice to Attorney General of anticipated release, discharge

- a.** When it appears that a person may meet the criteria of a sexually violent predator as defined in this act, the agency with jurisdiction shall give written notice to the Attorney General 90 days, or as soon as practicable, prior to:
- (1)** the anticipated release from total confinement of a person who has been convicted of or adjudicated delinquent for a sexually violent offense;
 - (2)** any commitment status review hearing at which the Department of Human Services intends to recommend discharge or believes that discharge may be likely, for a person who has been civilly committed pursuant to [N.J.S.2C:4-8](#) following acquittal by reason of insanity for a sexually violent offense; or
 - (3)** any hearing at which the Department of Human Services intends to recommend discharge or believes that discharge may be likely, for any person civilly committed based upon a determination that the person lacked mental competence to stand trial pursuant to [N.J.S.2C:4-6](#), if the person had been charged with a sexually violent offense.
- b.** When such notice is given, the agency with jurisdiction shall provide the Attorney General with all information relevant to a determination of whether the person may be a sexually violent predator, including, without regard to classification as confidential pursuant to regulations of the agency with jurisdiction, any parole report, psychological and medical records, any statement of the reasons for denial of parole and a statement from the agency with jurisdiction of the reasons for its determination that the person may be a sexually violent predator.
- c.** All information, documents and records concerning the person's mental condition or which are classified as confidential pursuant to statute or regulations of the agency with jurisdiction that are received or provided pursuant to this section shall be deemed confidential. Unless authorized or required by court order or except as required in the course of judicial proceedings relating to the person's commitment or release, disclosure of such information, documents and records shall be limited to a professional evaluating the person's condition pursuant to this section, the Attorney General and a member of the Attorney General's staff as necessary to the performance of duties imposed pursuant to this section and, if the person is committed, to the staff at the institution providing treatment.
- d.** Any individual acting in good faith who has provided information relevant to a person's need for involuntary commitment under this act or has taken steps in good faith to assess a person's need of involuntary commitment under this act is immune from civil or criminal liability.
- e.** The provisions of this section are not jurisdictional, and failure to comply with them in no way prevents the Attorney General from initiating a proceeding against a person otherwise subject to the provisions of this act, nor do the provisions of this act in any way foreclose a proceeding under the provisions of P.L.

1987, c. 116 ([C. 30:4-27.1](#) et seq.) for the involuntary commitment of any person charged with or convicted of a sexual offense.

History

L. [1998, c. 71](#), § 4, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.28](#)

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§ 30:4-27.28. Initiation of court proceeding for involuntary commitment

- a. The Attorney General may initiate a court proceeding for involuntary commitment under this act of a person who is currently a patient in a short-term care facility, State or county psychiatric facility or special psychiatric hospital, by submitting to the court a clinical certificate for a sexually violent predator completed by a psychiatrist at the facility at which the person is a patient and the screening certificate which authorized admission of the person to the facility; but both certificates shall not be signed by the same psychiatrist unless the psychiatrist has made a reasonable but unsuccessful attempt to have another psychiatrist conduct the evaluation and execute the certificate.
- b. If civil commitment is not initiated pursuant to subsection a. of this section, the Attorney General may initiate a court proceeding for the involuntary commitment of a person by the submission to the court of two clinical certificates for a sexually violent predator, at least one of which is prepared by a psychiatrist. The person shall not be involuntarily committed pursuant to this act before the court issues a temporary court order. When the Attorney General determines that the public safety requires initiation of a proceeding pursuant to this subsection, the Attorney General may apply to the court for an order compelling the psychiatric evaluation of the person. The court shall grant the Attorney General's application if the court finds that there is reasonable cause to believe that the person named in the petition is a sexually violent predator.
- c. The Attorney General may initiate a court proceeding for involuntary commitment under this act of an inmate who is scheduled for release upon expiration of a maximum term of incarceration by submission to the court of two clinical certificates for a sexually violent predator, at least one of which is prepared by a psychiatrist.
- d. The Attorney General, in exercise of the State's authority as *parens patriae*, may initiate a court proceeding for the involuntary commitment of any person in accordance with the procedures set forth in this section by filing the required submission with the court in the jurisdiction in which the person whose commitment is sought is located.
- e. Any individual who is a relative by blood or marriage of the person being examined who executes a clinical certificate for a sexually violent predator, or any individual who signs such a clinical certificate for any purpose or motive other than for purposes of care, treatment and confinement of a person in need of involuntary commitment, shall be guilty of a crime of the fourth degree.
- f. Upon receiving these documents, the court shall immediately review them in order to determine whether there is probable cause to believe that the person is a sexually violent predator.
- g. If the court finds that there is probable cause to believe that the person is a sexually violent predator in need of involuntary commitment, it shall issue an order setting a date for a final hearing and authorizing temporary commitment to a secure facility designated for the custody, care and treatment of sexually violent predators pending the final hearing. In no event shall the person be released from confinement prior to the final hearing.

h. In the case of a person committed to a short-term care facility or special psychiatric hospital, after the facility's treatment team conducts a mental and physical examination, administers appropriate treatment and prepares a discharge assessment, the facility shall transfer the person to a secure facility designated for the custody, care and treatment of sexually violent predators pending the final hearing upon providing the person, the person's guardian if any, the person's next-of-kin and the person's attorney 24 hours' advance notice of the pending transfer. Such transfer is to be accomplished in a manner which will give the receiving facility adequate time to examine the person, become familiar with the person's behavior and condition, and prepare for the hearing.

History

L. [1998, c. 71](#), § 5, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.29](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.29. Court hearing

- a. A person who is involuntarily committed pursuant to section 5 of this act shall receive a court hearing with respect to the issue of continuing need for involuntary commitment as a sexually violent predator within 20 days from the date of the temporary commitment order.
- b. The Attorney General is responsible for presenting the case for the person's involuntary commitment as a sexually violent predator to the court.
- c. A person subject to involuntary commitment shall have counsel present at the hearing and shall not be permitted to appear at the hearing without counsel.

History

L. [1998, c. 71](#), § 6, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.30](#)

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§ 30:4-27.30. Notice of court hearing

- a. At least 10 days prior to a court hearing, the Attorney General shall cause notice of the court hearing to be served upon the person, the person's guardian if any, the person's next-of-kin, the person's attorney, the agency with jurisdiction having custody of the person and any other individual specified by the court. The notice shall contain the date, time and location of the court hearing. The person and the person's attorney shall also receive copies of the clinical certificates for a sexually violent predator and supporting documents, the temporary court order and a statement of the person's rights at the court hearing.
- b. A psychiatrist on the person's treatment team who has conducted a personal examination of the person as close to the court hearing date as possible, but in no event more than five calendar days prior to the court hearing, shall testify at the hearing to the clinical basis for the need for involuntary commitment as a sexually violent predator. Other members of the person's treatment team and any other witness with relevant information offered by the person or the Attorney General shall also be permitted to testify at the hearing.
- c. The person's next-of-kin may attend and, if the court so determines, may testify at the court hearing.
- d. The court shall transcribe the court hearing and arrange for the payment of expenses related thereto in the same manner as for other court proceedings.

History

L. [1998, c. 71](#), § 7, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.31](#)

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§ 30:4-27.31. Rights at court hearing

A person subject to involuntary commitment as a sexually violent predator has the following rights at a court hearing pursuant to section 7 and any subsequent review court hearing:

- a. The right to be represented by counsel or, if indigent, by appointed counsel;
- b. The right to be present at the court hearing unless the court determines that because of the person's conduct at the court hearing the proceeding cannot reasonably continue while the person is present;
- c. The right to present evidence;
- d. The right to cross-examine witnesses; and
- e. The right to a hearing in camera.

History

L. [1998, c. 71](#), § 8, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.32](#)

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§ 30:4-27.32. Order authorizing continued involuntary commitment

- a. If the court finds by clear and convincing evidence that the person needs continued involuntary commitment as a sexually violent predator, it shall issue an order authorizing the involuntary commitment of the person to a facility designated for the custody, care and treatment of sexually violent predators. The court shall also schedule a subsequent court hearing pursuant to section 12 [\[C.30:4-27.35\]](#) of this act.
- b. If the court finds that the person is not a sexually violent predator, the court shall so order. A person who is serving a term of incarceration shall be returned to the appropriate State, county or local authority to complete service of the term of incarceration imposed until released in accordance with law, and any other person shall be discharged by the facility within 48 hours of the court's verbal order or by the end of the next working day, whichever is longer, with a discharge plan prepared pursuant to section 14 [\[C.30:4-27.37\]](#) of this act.
- c.
 - (1) If the Department of Human Services recommends conditional discharge of the person and the court finds that the person will not be likely to engage in acts of sexual violence because the person is amenable to and highly likely to comply with a plan to facilitate the person's adjustment and reintegration into the community so as to render involuntary commitment as a sexually violent predator unnecessary for that person, the court may order that the person be conditionally discharged in accordance with such plan.
 - (2) Conditions imposed pursuant to this subsection shall include those recommended by the person's treatment team and developed with the participation of the person and shall be approved by the Department of Human Services. Conditions imposed on the person shall be specific and shall be for the purpose of ensuring that the person participates in necessary treatment and that the person does not represent a risk to public safety. If the court imposes conditions for a period exceeding six months, the court shall provide for a review hearing on a date the court deems appropriate but in no event later than six months from the date of the order. The review hearing shall be conducted in the manner provided in this section, and the court may impose any order authorized pursuant to this section.
 - (3) A designated staff member on the person's treatment team shall notify the court if the person fails to meet the conditions of the discharge plan, and the court shall issue an order directing that the person be taken to a facility designated for the custody, care and treatment of sexually violent predators for an assessment. The court shall determine, in conjunction with the findings of the assessment, if the person needs to be returned to custody and, if so, the person shall be returned to the designated facility for the custody, care and treatment of sexually violent predators. The court shall hold a hearing within 20 days of the day the person was returned to custody to determine if the order of conditional discharge should be vacated.
- d. Notwithstanding the provisions of this section, or any provision of section 12, 13 or 14 of this act to the contrary, no person committed while serving a term of incarceration shall be discharged by the court prior to the date on which the person's maximum term would have expired had he not been committed. If the court

determines that the person's mental condition has so changed that the person is safe to be at large, the court shall order that the person be returned to the appropriate State, county or local authority to complete service of the term of incarceration imposed until released in accordance with law, and the person shall be given day for day credit for all time during which the person was committed.

e. Notwithstanding the provisions of this section, or any provision of section 12, 13 or 14 of this act to the contrary, no person committed pursuant to [N.J.S.2C:4-8](#) concerning acquittal of a criminal charge by reason of insanity or pursuant to [N.J.S.2C:4-6](#) concerning lack of mental competence to stand trial shall be discharged by the court unless the prosecuting attorney in the case receives prior notice and an opportunity to be heard.

History

L. [1998, c. 71](#), § 9, eff. Aug. 12, 1999.

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§ 30:4-27.33. Involuntary commitment of person lacking mental competence to stand trial

If a person who has been civilly committed based upon a determination that the person lacked mental competence to stand trial pursuant to [N.J.S.2C:4-6](#) is about to be released, and the person's involuntary commitment is sought pursuant to this act, the court shall first hear evidence and determine whether the person did commit the act charged.

- a.** The rules of evidence applicable in criminal cases shall apply, and all constitutional rights available to a defendant at a criminal trial, other than the right to a trial by jury and the right not to be tried while incompetent, shall apply.
- b.** After hearing evidence on this issue, the court shall make specific findings on whether the person did commit the act charged, the extent to which the person's lack of mental competence affected the outcome of the hearing, including its effect on the person's ability to consult with and assist counsel and to testify on the person's own behalf, the extent to which the evidence could be reconstructed without the assistance of the person and the strength of the prosecution's case.
- c.** If, after the conclusion of the hearing on this issue, the court finds beyond a reasonable doubt that the person did commit the act charged, the court shall enter a final order, appealable by the person, on that issue and may proceed to consider whether the person should be committed pursuant to this act.

History

L. [1998, c. 71](#), § 10, eff. Aug. 12, 1999.

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.34. Operation of facility for sexually violent predators; regulations

- a. The Department of Corrections shall be responsible for the operation of any facility designated for the custody, care and treatment of sexually violent predators, and shall provide or arrange for custodial care of persons committed pursuant to this act. Except as may be provided pursuant to subsection c. of section 9 [[C.30:4-27.32](#)] of this act, a person committed pursuant to this act shall be kept in a secure facility and shall be housed and managed separately from offenders in the custody of the Department of Corrections and, except for occasional instances of supervised incidental contact, shall be segregated from such offenders.
- b. The Division of Mental Health Services in the Department of Human Services shall provide or arrange for treatment for a person committed pursuant to this act. Such treatment shall be appropriately tailored to address the specific needs of sexually violent predators.
- c. Appropriate representatives of the Department of Corrections and the Department of Human Services shall participate in an interagency oversight board to facilitate the coordination of the policies and procedures of the facility.
- d. Notwithstanding the provisions of section 10 of P.L. 1965, c. 59 ([C. 30:4-24.2](#)) or any other law to the contrary, the rights and rules of conduct applicable to a person subject to involuntary commitment as a sexually violent predator pursuant to [P.L. 1998, c. 71](#) ([C. 30:4-27.24](#) et seq.) shall be established by regulation promulgated jointly by the Commissioner of Human Services and the Commissioner of Corrections, in consultation with the Attorney General. The regulations promulgated under this subsection shall take into consideration the rights of patients as set forth in section 10 of P.L. 1965, c. 59 ([C. 30:4-24.2](#)), but shall specifically address the differing needs and specific characteristics of, and treatment protocols related to, sexually violent predators. In developing these regulations, the commissioners shall give due regard to security concerns and safety of the residents, treatment staff, custodial personnel and others in and about the facility.

History

L. [1998, c. 71](#), § 11, eff. Aug. 12, 1999; amended [2003, c. 156](#), § 1, eff. Aug. 15, 2003.

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.35. Annual court review hearing

A person committed under this act shall be afforded an annual court review hearing of the need for involuntary commitment as a sexually violent predator. The review hearing shall be conducted in the manner provided in section 7 [\[C.30:4-27.30\]](#) of this act. If the court determines at a review hearing that involuntary commitment as a sexually violent predator shall be continued, it shall execute a new order. The court shall conduct the first review hearing 12 months from the date of the first hearing, and subsequent review hearings annually thereafter. The court may schedule additional review hearings but, except in extraordinary circumstances, not more often than once every 30 days.

History

L. [1998, c. 71](#), § 12, eff. Aug. 12, 1999.

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N.J. Stat. § 30:4-27.37

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.37. Discharge plan

A person discharged by the court shall have a discharge plan prepared by the treatment team at the facility designated for the custody, care and treatment of sexually violent predators, pursuant to this section. The treatment team shall give the person an opportunity to participate in the formulation of the discharge plan.

History

L. [1998, c. 71](#), § 14, eff. Aug. 12, 1999.

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§ 30:4-27.36. Recommendation for discharge

a. At any time during the involuntary commitment of a person under this act, if the person's treatment team determines that the person's mental condition has so changed that the person is not likely to engage in acts of sexual violence if released, the treatment team shall recommend that the Department of Human Services authorize the person to petition the court for discharge from involuntary commitment status. The Department of Human Services shall notify the Attorney General immediately upon providing such authorization. If a discharge plan has not been developed pursuant to section 14 [\[C.30:4-27.37\]](#) of this act, it shall be developed forthwith.

b. The person shall serve the authorized petition for discharge upon the committing court and the Attorney General. The Attorney General may obtain an independent clinical evaluation of the person, which shall be performed within 15 days of receipt by the Attorney General of the authorized petition for discharge. If, within 15 days of receipt of such authorized petition or upon completion of an independent clinical evaluation, if any, the Attorney General files a request for a hearing on the issue of continuing need for commitment and serves notice of that request, in accordance with the provisions of section 7 [\[C.30:4-27.30\]](#) of this act, the court shall schedule a hearing on the issue. The hearing shall be conducted in the manner provided in section 9 [\[C.30:4-27.32\]](#) of this act.

c. If the person committed pursuant to this act had at the time of such commitment been confined pursuant to an order entered under [N.J.S.2C:4-8](#) concerning acquittal of a criminal charge by reason of insanity or under [N.J.S.2C:4-6](#) concerning lack of mental competence to stand trial, the Attorney General shall provide written notice to the prosecutor of the person's authorized petition for discharge from involuntary commitment status. If, within five days of receipt of such notice, the prosecutor files a request for a hearing on the issue of continuing need for commitment and serves notice of that request, in accordance with the provisions of section 7 of this act, the court shall schedule a hearing on the issue. The hearing shall be conducted in the manner provided in section 9 of this act.

d. Nothing in this act shall prohibit a person from filing a petition for discharge from involuntary commitment status without authorization from the Department of Human Services. Upon receipt of such a petition, the court shall review the petition to determine:

- (1) whether the petition contains facts upon which the court could find that the condition of the person has so changed from the time of the filing of the person's prior petition that a hearing is warranted, or
- (2) whether the petition is supported by a professional expert evaluation or report stating that the person's mental condition has so changed that the person is not likely to engage in acts of sexual violence if released, which evidence had not been provided to the court in its prior annual review.

If the petition fails to satisfy either of these requirements, the court shall deny the petition without a hearing.

History

L. [1998, c. 71](#), § 13, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.38](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.38. Written notice of release

In addition to any other information required to be released under this act, prior to the release of a person committed under this act, the Department of Corrections shall give written notice of the person's release to the Attorney General or the prosecutor of the county in which the person was prosecuted for the sexually violent offense which rendered the person subject to commitment under this act, depending on which office prosecuted the person for the sexually violent offense. Upon receipt of such notice, the county prosecutor or Attorney General, as the case may be, shall notify the Office of Victim and Witness Advocacy of the county in which the person was prosecuted and that office shall use any reasonable means available to it to give notice of the person's release to the victim of the sexually violent offense or the victim's nearest relative if the sexually violent offense resulted in death, which notice shall be in accordance with the provisions of section 6 of P.L. 1985, c. 404 ([C. 52:4B-44](#)). The notice required under this section shall be given only if a request for such notification has been made by the victim or the victim's nearest relative, as the case may be, to the county prosecutor or Attorney General, as the case may be, at the time the person was sentenced or committed. Failure to notify shall not be a reason for postponement of release. Nothing in this subsection shall create a cause of action against the State, county or any employee of the State or county acting within the scope of the employee's employment as a result of the failure to notify under this act.

History

L. [1998, c. 71](#), § 15, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-31](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-31. Commitment of nonresidents

A nonresident of this State may be committed to a mental hospital in this State in the same manner as residents may be admitted and committed.

History

Amended by L. 1953, c. 29, p. 511, 11; L. 1965, c. 59, 26.

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[N.J. Stat. § 30:4-34](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-34. County adjuster for commitment of persons with mental illness

In each county where county counsel, county solicitor, county clerk, county physician or county probation officer, or any of their assistants is in charge and supervision of the preparation of papers relating to the commitment of persons with mental illness, such person shall be known as “county adjuster” and such duties shall, except as otherwise provided in section 2 of P.L. 1981, c. 403 ([C. 30:4-34.1](#)), continue to pertain to the office of such county counsel, county solicitor, county clerk, county physician or county probation officer or their successors in office, but, notwithstanding the foregoing, in case any other county official or employee shall be at the time of the adoption of this act, in charge and supervision of the preparation of papers relating to the commitment of persons with mental illness, the governing body of the county may designate that county official or employee as county adjuster. In all other counties the county governing body shall designate some county official or employee as county adjuster.

The county adjuster shall have charge and supervision of the preparation of papers relating to the commitment of persons with mental illness in such county, and in cases arising in other counties in which the legal settlement appears to be in his county. Classification under civil service rules shall not be affected by reason of such designation or additional duties, and additional compensation, if any, for such services may be fixed by the county governing body and paid in the same manner as other county employees are paid. Each county governing body shall notify the various institutions for persons with mental illness of the name and address of the county adjuster.

The judge of the Superior Court within the county may appoint the county adjuster to act as referee for the purpose of taking testimony bearing solely on the question of legal settlement and the financial ability of the person with mental illness or the parent of the person with mental illness, if the person is under the age of 18, to pay the cost of maintenance, in accordance with the provisions of [R.S. 30:4-60](#), and shall make return to the court of his findings, conclusions and recommendations. Such findings, conclusions and recommendations shall be subject to the approval of the court and shall not be effective until incorporated in an appropriate order or judgment of the court. The county adjuster, acting as such referee, may subpoena witnesses and compel their attendance on forms approved by the court.

History

Amended 1953, c. 29, § 12; 1954, c. 167; 1965, c. 59, § 28; 1981, c. 403, § 1; [1995, c. 155](#), § 9; [1998, c. 92](#), § 1, eff. Sept. 1, 1998; [2005, c. 55](#), § 2, eff. Sept. 20, 2005.

[N.J. Stat. § 30:4-34.1](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-34.1. Tenure after 5 years of service

A person who holds the position of county adjuster by virtue of holding one of the offices under [R.S. 30:4-34](#) and who has held the position of county adjuster continuously for 5 years or more shall continue to hold the position of county adjuster, notwithstanding he is serving in one of the offices under [R.S. 30:4-34](#) for a fixed term or at the pleasure of the governing body of the county, during good behavior and efficiency and shall not be removed therefrom except for good cause.

History

L. 1981, c. 403, 2, eff. Jan. 6, 1982.

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N.J. Stat. § 30:4-35

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-35. County adjuster to file certificate of appointment with commissioner

Every county adjuster shall forthwith or within ten days after his appointment file with the commissioner a certificate showing date of his appointment and postoffice address properly authenticated by the clerk of the board of chosen freeholders.

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N.J.S.A. 30:4-27.24 et seq.

[N.J. Stat. § 30:4-27.24](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.24. Short title [New Jersey Sexually Violent Predator Act]

This act shall be known and may be cited as the “New Jersey Sexually Violent Predator Act.”

History

L. [1998, c. 71](#), § 1, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.25](#)

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§ 30:4-27.25. Findings, declarations relative to sexually violent predators

The Legislature finds and declares that:

- a. Certain individuals who commit sex offenses suffer from mental abnormalities or personality disorders which make them likely to engage in repeat acts of predatory sexual violence if not treated for their mental conditions.
- b. Under the existing involuntary commitment procedure, persons are subject to commitment if they are mentally ill and dangerous to self, others or property. “Mental illness” is a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, which causes the person to be dangerous to self, others or property. The nature of the mental condition from which a sexually violent predator may suffer may not always lend itself to characterization under the existing statutory standard, although civil commitment may nonetheless be warranted due to the danger the person may pose to others as a result of the mental condition.
- c. Therefore, it is necessary to modify the involuntary civil commitment process in recognition of the need for commitment of those sexually violent predators who pose a danger to others should they be returned to society.
- d. Moreover, because of the nature of the mental conditions from which sexually violent predators suffer and the danger they present, it is necessary to house involuntarily committed sexually violent predators in an environment separate from persons committed under P.L. 1987, c. 116 ([C. 30:4-27.1](#) et seq.) or otherwise confined.

History

L. [1998, c. 71](#), § 2, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.26](#)

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§ 30:4-27.26. Definitions relative to sexually violent predators

As used in this act:

“Agency with jurisdiction” means the agency which releases upon lawful order or authority a person who is serving a sentence or term of confinement, or is otherwise being detained or maintained in custody. This term includes the Department of Corrections or a county correctional facility, the Juvenile Justice Commission or a county juvenile detention facility, and the Department of Human Services. “Attorney General” means the Attorney General or a county prosecutor to whom the Attorney General has delegated authority under this act.

“Clinical certificate for a sexually violent predator” means a form prepared by the Division of Mental Health Services in the Department of Human Services and approved by the Administrative Office of the Courts, that is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for admission to a facility for treatment, and which states that the person is a sexually violent predator in need of involuntary commitment. The form shall also state the specific facts upon which the examining physician has based that conclusion and shall be certified in accordance with the Rules Governing the Courts of the State of New Jersey. A clinical certificate for a sexually violent predator may not be executed by an individual who is a relative by blood or marriage to the person who is being examined.

“Likely to engage in acts of sexual violence” means the propensity of a person to commit acts of sexual violence is of such a degree as to pose a threat to the health and safety of others.

“Mental abnormality” means a mental condition that affects a person’s emotional, cognitive or volitional capacity in a manner that predisposes that person to commit acts of sexual violence.

“Person” means an individual 18 years of age or older who is a potential or actual subject of proceedings under this act.

“Psychiatrist” means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.

“Sexually violent offense” means:

- (a) aggravated sexual assault; sexual assault; aggravated criminal sexual contact; kidnapping pursuant to subparagraph (b) of paragraph (2) of subsection c. of [N.J.S.2C:13-1](#); criminal sexual contact; felony murder pursuant to paragraph (3) of [N.J.S.2C:11-3](#) if the underlying crime is sexual assault; an attempt to commit any of these enumerated offenses; or a criminal offense with substantially the same elements as any offense enumerated above, entered or imposed under the laws of the United States, this State or another state; or
- (b) any offense for which the court makes a specific finding on the record that, based on the circumstances of the case, the person’s offense should be considered a sexually violent offense.

“Sexually violent predator” means a person who has been convicted, adjudicated delinquent or found not guilty by reason of insanity for commission of a sexually violent offense, or has been charged with a sexually violent offense but found to be incompetent to stand trial, and suffers from a mental abnormality or personality disorder that makes the person likely to engage in acts of sexual violence if not confined in a secure facility for control, care and treatment.

“Treatment team” means the individuals, agencies or firms which provide treatment, supervision or other services at a facility designated for the custody, care and treatment of sexually violent predators.

History

L. [1998, c. 71](#), § 3, eff. Aug. 12, 1999.

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§ 30:4-27.27. Written notice to Attorney General of anticipated release, discharge

- a.** When it appears that a person may meet the criteria of a sexually violent predator as defined in this act, the agency with jurisdiction shall give written notice to the Attorney General 90 days, or as soon as practicable, prior to:
- (1)** the anticipated release from total confinement of a person who has been convicted of or adjudicated delinquent for a sexually violent offense;
 - (2)** any commitment status review hearing at which the Department of Human Services intends to recommend discharge or believes that discharge may be likely, for a person who has been civilly committed pursuant to [N.J.S.2C:4-8](#) following acquittal by reason of insanity for a sexually violent offense; or
 - (3)** any hearing at which the Department of Human Services intends to recommend discharge or believes that discharge may be likely, for any person civilly committed based upon a determination that the person lacked mental competence to stand trial pursuant to [N.J.S.2C:4-6](#), if the person had been charged with a sexually violent offense.
- b.** When such notice is given, the agency with jurisdiction shall provide the Attorney General with all information relevant to a determination of whether the person may be a sexually violent predator, including, without regard to classification as confidential pursuant to regulations of the agency with jurisdiction, any parole report, psychological and medical records, any statement of the reasons for denial of parole and a statement from the agency with jurisdiction of the reasons for its determination that the person may be a sexually violent predator.
- c.** All information, documents and records concerning the person's mental condition or which are classified as confidential pursuant to statute or regulations of the agency with jurisdiction that are received or provided pursuant to this section shall be deemed confidential. Unless authorized or required by court order or except as required in the course of judicial proceedings relating to the person's commitment or release, disclosure of such information, documents and records shall be limited to a professional evaluating the person's condition pursuant to this section, the Attorney General and a member of the Attorney General's staff as necessary to the performance of duties imposed pursuant to this section and, if the person is committed, to the staff at the institution providing treatment.
- d.** Any individual acting in good faith who has provided information relevant to a person's need for involuntary commitment under this act or has taken steps in good faith to assess a person's need of involuntary commitment under this act is immune from civil or criminal liability.
- e.** The provisions of this section are not jurisdictional, and failure to comply with them in no way prevents the Attorney General from initiating a proceeding against a person otherwise subject to the provisions of this act, nor do the provisions of this act in any way foreclose a proceeding under the provisions of P.L.

1987, c. 116 ([C. 30:4-27.1](#) et seq.) for the involuntary commitment of any person charged with or convicted of a sexual offense.

History

L. [1998, c. 71](#), § 4, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.28](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.28. Initiation of court proceeding for involuntary commitment

- a. The Attorney General may initiate a court proceeding for involuntary commitment under this act of a person who is currently a patient in a short-term care facility, State or county psychiatric facility or special psychiatric hospital, by submitting to the court a clinical certificate for a sexually violent predator completed by a psychiatrist at the facility at which the person is a patient and the screening certificate which authorized admission of the person to the facility; but both certificates shall not be signed by the same psychiatrist unless the psychiatrist has made a reasonable but unsuccessful attempt to have another psychiatrist conduct the evaluation and execute the certificate.
- b. If civil commitment is not initiated pursuant to subsection a. of this section, the Attorney General may initiate a court proceeding for the involuntary commitment of a person by the submission to the court of two clinical certificates for a sexually violent predator, at least one of which is prepared by a psychiatrist. The person shall not be involuntarily committed pursuant to this act before the court issues a temporary court order. When the Attorney General determines that the public safety requires initiation of a proceeding pursuant to this subsection, the Attorney General may apply to the court for an order compelling the psychiatric evaluation of the person. The court shall grant the Attorney General's application if the court finds that there is reasonable cause to believe that the person named in the petition is a sexually violent predator.
- c. The Attorney General may initiate a court proceeding for involuntary commitment under this act of an inmate who is scheduled for release upon expiration of a maximum term of incarceration by submission to the court of two clinical certificates for a sexually violent predator, at least one of which is prepared by a psychiatrist.
- d. The Attorney General, in exercise of the State's authority as *parens patriae*, may initiate a court proceeding for the involuntary commitment of any person in accordance with the procedures set forth in this section by filing the required submission with the court in the jurisdiction in which the person whose commitment is sought is located.
- e. Any individual who is a relative by blood or marriage of the person being examined who executes a clinical certificate for a sexually violent predator, or any individual who signs such a clinical certificate for any purpose or motive other than for purposes of care, treatment and confinement of a person in need of involuntary commitment, shall be guilty of a crime of the fourth degree.
- f. Upon receiving these documents, the court shall immediately review them in order to determine whether there is probable cause to believe that the person is a sexually violent predator.
- g. If the court finds that there is probable cause to believe that the person is a sexually violent predator in need of involuntary commitment, it shall issue an order setting a date for a final hearing and authorizing temporary commitment to a secure facility designated for the custody, care and treatment of sexually violent predators pending the final hearing. In no event shall the person be released from confinement prior to the final hearing.

h. In the case of a person committed to a short-term care facility or special psychiatric hospital, after the facility's treatment team conducts a mental and physical examination, administers appropriate treatment and prepares a discharge assessment, the facility shall transfer the person to a secure facility designated for the custody, care and treatment of sexually violent predators pending the final hearing upon providing the person, the person's guardian if any, the person's next-of-kin and the person's attorney 24 hours' advance notice of the pending transfer. Such transfer is to be accomplished in a manner which will give the receiving facility adequate time to examine the person, become familiar with the person's behavior and condition, and prepare for the hearing.

History

L. [1998, c. 71](#), § 5, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.29](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.29. Court hearing

- a. A person who is involuntarily committed pursuant to section 5 of this act shall receive a court hearing with respect to the issue of continuing need for involuntary commitment as a sexually violent predator within 20 days from the date of the temporary commitment order.
- b. The Attorney General is responsible for presenting the case for the person's involuntary commitment as a sexually violent predator to the court.
- c. A person subject to involuntary commitment shall have counsel present at the hearing and shall not be permitted to appear at the hearing without counsel.

History

L. [1998, c. 71](#), § 6, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.30](#)

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§ 30:4-27.30. Notice of court hearing

- a. At least 10 days prior to a court hearing, the Attorney General shall cause notice of the court hearing to be served upon the person, the person's guardian if any, the person's next-of-kin, the person's attorney, the agency with jurisdiction having custody of the person and any other individual specified by the court. The notice shall contain the date, time and location of the court hearing. The person and the person's attorney shall also receive copies of the clinical certificates for a sexually violent predator and supporting documents, the temporary court order and a statement of the person's rights at the court hearing.
- b. A psychiatrist on the person's treatment team who has conducted a personal examination of the person as close to the court hearing date as possible, but in no event more than five calendar days prior to the court hearing, shall testify at the hearing to the clinical basis for the need for involuntary commitment as a sexually violent predator. Other members of the person's treatment team and any other witness with relevant information offered by the person or the Attorney General shall also be permitted to testify at the hearing.
- c. The person's next-of-kin may attend and, if the court so determines, may testify at the court hearing.
- d. The court shall transcribe the court hearing and arrange for the payment of expenses related thereto in the same manner as for other court proceedings.

History

L. [1998, c. 71](#), § 7, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.31](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.31. Rights at court hearing

A person subject to involuntary commitment as a sexually violent predator has the following rights at a court hearing pursuant to section 7 and any subsequent review court hearing:

- a. The right to be represented by counsel or, if indigent, by appointed counsel;
- b. The right to be present at the court hearing unless the court determines that because of the person's conduct at the court hearing the proceeding cannot reasonably continue while the person is present;
- c. The right to present evidence;
- d. The right to cross-examine witnesses; and
- e. The right to a hearing in camera.

History

L. [1998, c. 71](#), § 8, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.32](#)

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§ 30:4-27.32. Order authorizing continued involuntary commitment

- a. If the court finds by clear and convincing evidence that the person needs continued involuntary commitment as a sexually violent predator, it shall issue an order authorizing the involuntary commitment of the person to a facility designated for the custody, care and treatment of sexually violent predators. The court shall also schedule a subsequent court hearing pursuant to section 12 [\[C.30:4-27.35\]](#) of this act.
- b. If the court finds that the person is not a sexually violent predator, the court shall so order. A person who is serving a term of incarceration shall be returned to the appropriate State, county or local authority to complete service of the term of incarceration imposed until released in accordance with law, and any other person shall be discharged by the facility within 48 hours of the court's verbal order or by the end of the next working day, whichever is longer, with a discharge plan prepared pursuant to section 14 [\[C.30:4-27.37\]](#) of this act.
- c.
 - (1) If the Department of Human Services recommends conditional discharge of the person and the court finds that the person will not be likely to engage in acts of sexual violence because the person is amenable to and highly likely to comply with a plan to facilitate the person's adjustment and reintegration into the community so as to render involuntary commitment as a sexually violent predator unnecessary for that person, the court may order that the person be conditionally discharged in accordance with such plan.
 - (2) Conditions imposed pursuant to this subsection shall include those recommended by the person's treatment team and developed with the participation of the person and shall be approved by the Department of Human Services. Conditions imposed on the person shall be specific and shall be for the purpose of ensuring that the person participates in necessary treatment and that the person does not represent a risk to public safety. If the court imposes conditions for a period exceeding six months, the court shall provide for a review hearing on a date the court deems appropriate but in no event later than six months from the date of the order. The review hearing shall be conducted in the manner provided in this section, and the court may impose any order authorized pursuant to this section.
 - (3) A designated staff member on the person's treatment team shall notify the court if the person fails to meet the conditions of the discharge plan, and the court shall issue an order directing that the person be taken to a facility designated for the custody, care and treatment of sexually violent predators for an assessment. The court shall determine, in conjunction with the findings of the assessment, if the person needs to be returned to custody and, if so, the person shall be returned to the designated facility for the custody, care and treatment of sexually violent predators. The court shall hold a hearing within 20 days of the day the person was returned to custody to determine if the order of conditional discharge should be vacated.
- d. Notwithstanding the provisions of this section, or any provision of section 12, 13 or 14 of this act to the contrary, no person committed while serving a term of incarceration shall be discharged by the court prior to the date on which the person's maximum term would have expired had he not been committed. If the court

determines that the person's mental condition has so changed that the person is safe to be at large, the court shall order that the person be returned to the appropriate State, county or local authority to complete service of the term of incarceration imposed until released in accordance with law, and the person shall be given day for day credit for all time during which the person was committed.

e. Notwithstanding the provisions of this section, or any provision of section 12, 13 or 14 of this act to the contrary, no person committed pursuant to [N.J.S.2C:4-8](#) concerning acquittal of a criminal charge by reason of insanity or pursuant to [N.J.S.2C:4-6](#) concerning lack of mental competence to stand trial shall be discharged by the court unless the prosecuting attorney in the case receives prior notice and an opportunity to be heard.

History

L. [1998, c. 71](#), § 9, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.33](#)

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§ 30:4-27.33. Involuntary commitment of person lacking mental competence to stand trial

If a person who has been civilly committed based upon a determination that the person lacked mental competence to stand trial pursuant to [N.J.S.2C:4-6](#) is about to be released, and the person's involuntary commitment is sought pursuant to this act, the court shall first hear evidence and determine whether the person did commit the act charged.

- a.** The rules of evidence applicable in criminal cases shall apply, and all constitutional rights available to a defendant at a criminal trial, other than the right to a trial by jury and the right not to be tried while incompetent, shall apply.
- b.** After hearing evidence on this issue, the court shall make specific findings on whether the person did commit the act charged, the extent to which the person's lack of mental competence affected the outcome of the hearing, including its effect on the person's ability to consult with and assist counsel and to testify on the person's own behalf, the extent to which the evidence could be reconstructed without the assistance of the person and the strength of the prosecution's case.
- c.** If, after the conclusion of the hearing on this issue, the court finds beyond a reasonable doubt that the person did commit the act charged, the court shall enter a final order, appealable by the person, on that issue and may proceed to consider whether the person should be committed pursuant to this act.

History

L. [1998, c. 71](#), § 10, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.34](#)

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§ 30:4-27.34. Operation of facility for sexually violent predators; regulations

- a. The Department of Corrections shall be responsible for the operation of any facility designated for the custody, care and treatment of sexually violent predators, and shall provide or arrange for custodial care of persons committed pursuant to this act. Except as may be provided pursuant to subsection c. of section 9 [[C.30:4-27.32](#)] of this act, a person committed pursuant to this act shall be kept in a secure facility and shall be housed and managed separately from offenders in the custody of the Department of Corrections and, except for occasional instances of supervised incidental contact, shall be segregated from such offenders.
- b. The Division of Mental Health Services in the Department of Human Services shall provide or arrange for treatment for a person committed pursuant to this act. Such treatment shall be appropriately tailored to address the specific needs of sexually violent predators.
- c. Appropriate representatives of the Department of Corrections and the Department of Human Services shall participate in an interagency oversight board to facilitate the coordination of the policies and procedures of the facility.
- d. Notwithstanding the provisions of section 10 of P.L. 1965, c. 59 ([C. 30:4-24.2](#)) or any other law to the contrary, the rights and rules of conduct applicable to a person subject to involuntary commitment as a sexually violent predator pursuant to [P.L. 1998, c. 71](#) ([C. 30:4-27.24](#) et seq.) shall be established by regulation promulgated jointly by the Commissioner of Human Services and the Commissioner of Corrections, in consultation with the Attorney General. The regulations promulgated under this subsection shall take into consideration the rights of patients as set forth in section 10 of P.L. 1965, c. 59 ([C. 30:4-24.2](#)), but shall specifically address the differing needs and specific characteristics of, and treatment protocols related to, sexually violent predators. In developing these regulations, the commissioners shall give due regard to security concerns and safety of the residents, treatment staff, custodial personnel and others in and about the facility.

History

L. [1998, c. 71](#), § 11, eff. Aug. 12, 1999; amended [2003, c. 156](#), § 1, eff. Aug. 15, 2003.

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[N.J. Stat. § 30:4-27.35](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.35. Annual court review hearing

A person committed under this act shall be afforded an annual court review hearing of the need for involuntary commitment as a sexually violent predator. The review hearing shall be conducted in the manner provided in section 7 [\[C.30:4-27.30\]](#) of this act. If the court determines at a review hearing that involuntary commitment as a sexually violent predator shall be continued, it shall execute a new order. The court shall conduct the first review hearing 12 months from the date of the first hearing, and subsequent review hearings annually thereafter. The court may schedule additional review hearings but, except in extraordinary circumstances, not more often than once every 30 days.

History

L. [1998, c. 71](#), § 12, eff. Aug. 12, 1999.

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N.J. Stat. § 30:4-27.37

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.37. Discharge plan

A person discharged by the court shall have a discharge plan prepared by the treatment team at the facility designated for the custody, care and treatment of sexually violent predators, pursuant to this section. The treatment team shall give the person an opportunity to participate in the formulation of the discharge plan.

History

L. [1998, c. 71](#), § 14, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.36](#)

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§ 30:4-27.36. Recommendation for discharge

a. At any time during the involuntary commitment of a person under this act, if the person's treatment team determines that the person's mental condition has so changed that the person is not likely to engage in acts of sexual violence if released, the treatment team shall recommend that the Department of Human Services authorize the person to petition the court for discharge from involuntary commitment status. The Department of Human Services shall notify the Attorney General immediately upon providing such authorization. If a discharge plan has not been developed pursuant to section 14 [\[C.30:4-27.37\]](#) of this act, it shall be developed forthwith.

b. The person shall serve the authorized petition for discharge upon the committing court and the Attorney General. The Attorney General may obtain an independent clinical evaluation of the person, which shall be performed within 15 days of receipt by the Attorney General of the authorized petition for discharge. If, within 15 days of receipt of such authorized petition or upon completion of an independent clinical evaluation, if any, the Attorney General files a request for a hearing on the issue of continuing need for commitment and serves notice of that request, in accordance with the provisions of section 7 [\[C.30:4-27.30\]](#) of this act, the court shall schedule a hearing on the issue. The hearing shall be conducted in the manner provided in section 9 [\[C.30:4-27.32\]](#) of this act.

c. If the person committed pursuant to this act had at the time of such commitment been confined pursuant to an order entered under [N.J.S.2C:4-8](#) concerning acquittal of a criminal charge by reason of insanity or under [N.J.S.2C:4-6](#) concerning lack of mental competence to stand trial, the Attorney General shall provide written notice to the prosecutor of the person's authorized petition for discharge from involuntary commitment status. If, within five days of receipt of such notice, the prosecutor files a request for a hearing on the issue of continuing need for commitment and serves notice of that request, in accordance with the provisions of section 7 of this act, the court shall schedule a hearing on the issue. The hearing shall be conducted in the manner provided in section 9 of this act.

d. Nothing in this act shall prohibit a person from filing a petition for discharge from involuntary commitment status without authorization from the Department of Human Services. Upon receipt of such a petition, the court shall review the petition to determine:

- (1) whether the petition contains facts upon which the court could find that the condition of the person has so changed from the time of the filing of the person's prior petition that a hearing is warranted, or
- (2) whether the petition is supported by a professional expert evaluation or report stating that the person's mental condition has so changed that the person is not likely to engage in acts of sexual violence if released, which evidence had not been provided to the court in its prior annual review.

If the petition fails to satisfy either of these requirements, the court shall deny the petition without a hearing.

History

L. [1998, c. 71](#), § 13, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-27.38](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-27.38. Written notice of release

In addition to any other information required to be released under this act, prior to the release of a person committed under this act, the Department of Corrections shall give written notice of the person's release to the Attorney General or the prosecutor of the county in which the person was prosecuted for the sexually violent offense which rendered the person subject to commitment under this act, depending on which office prosecuted the person for the sexually violent offense. Upon receipt of such notice, the county prosecutor or Attorney General, as the case may be, shall notify the Office of Victim and Witness Advocacy of the county in which the person was prosecuted and that office shall use any reasonable means available to it to give notice of the person's release to the victim of the sexually violent offense or the victim's nearest relative if the sexually violent offense resulted in death, which notice shall be in accordance with the provisions of section 6 of P.L. 1985, c. 404 ([C. 52:4B-44](#)). The notice required under this section shall be given only if a request for such notification has been made by the victim or the victim's nearest relative, as the case may be, to the county prosecutor or Attorney General, as the case may be, at the time the person was sentenced or committed. Failure to notify shall not be a reason for postponement of release. Nothing in this subsection shall create a cause of action against the State, county or any employee of the State or county acting within the scope of the employee's employment as a result of the failure to notify under this act.

History

L. [1998, c. 71](#), § 15, eff. Aug. 12, 1999.

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[N.J. Stat. § 30:4-31](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-31. Commitment of nonresidents

A nonresident of this State may be committed to a mental hospital in this State in the same manner as residents may be admitted and committed.

History

Amended by L. 1953, c. 29, p. 511, 11; L. 1965, c. 59, 26.

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[N.J. Stat. § 30:4-34](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-34. County adjuster for commitment of persons with mental illness

In each county where county counsel, county solicitor, county clerk, county physician or county probation officer, or any of their assistants is in charge and supervision of the preparation of papers relating to the commitment of persons with mental illness, such person shall be known as “county adjuster” and such duties shall, except as otherwise provided in section 2 of P.L. 1981, c. 403 ([C. 30:4-34.1](#)), continue to pertain to the office of such county counsel, county solicitor, county clerk, county physician or county probation officer or their successors in office, but, notwithstanding the foregoing, in case any other county official or employee shall be at the time of the adoption of this act, in charge and supervision of the preparation of papers relating to the commitment of persons with mental illness, the governing body of the county may designate that county official or employee as county adjuster. In all other counties the county governing body shall designate some county official or employee as county adjuster.

The county adjuster shall have charge and supervision of the preparation of papers relating to the commitment of persons with mental illness in such county, and in cases arising in other counties in which the legal settlement appears to be in his county. Classification under civil service rules shall not be affected by reason of such designation or additional duties, and additional compensation, if any, for such services may be fixed by the county governing body and paid in the same manner as other county employees are paid. Each county governing body shall notify the various institutions for persons with mental illness of the name and address of the county adjuster.

The judge of the Superior Court within the county may appoint the county adjuster to act as referee for the purpose of taking testimony bearing solely on the question of legal settlement and the financial ability of the person with mental illness or the parent of the person with mental illness, if the person is under the age of 18, to pay the cost of maintenance, in accordance with the provisions of [R.S. 30:4-60](#), and shall make return to the court of his findings, conclusions and recommendations. Such findings, conclusions and recommendations shall be subject to the approval of the court and shall not be effective until incorporated in an appropriate order or judgment of the court. The county adjuster, acting as such referee, may subpoena witnesses and compel their attendance on forms approved by the court.

History

Amended 1953, c. 29, § 12; 1954, c. 167; 1965, c. 59, § 28; 1981, c. 403, § 1; [1995, c. 155](#), § 9; [1998, c. 92](#), § 1, eff. Sept. 1, 1998; [2005, c. 55](#), § 2, eff. Sept. 20, 2005.

[N.J. Stat. § 30:4-34.1](#)

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Application and Proceedings (§§ 30:4-27 — 30:4-48)**

§ 30:4-34.1. Tenure after 5 years of service

A person who holds the position of county adjuster by virtue of holding one of the offices under [R.S. 30:4-34](#) and who has held the position of county adjuster continuously for 5 years or more shall continue to hold the position of county adjuster, notwithstanding he is serving in one of the offices under [R.S. 30:4-34](#) for a fixed term or at the pleasure of the governing body of the county, during good behavior and efficiency and shall not be removed therefrom except for good cause.

History

L. 1981, c. 403, 2, eff. Jan. 6, 1982.

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§ 30:4-35. County adjuster to file certificate of appointment with commissioner

Every county adjuster shall forthwith or within ten days after his appointment file with the commissioner a certificate showing date of his appointment and postoffice address properly authenticated by the clerk of the board of chosen freeholders.

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Rule 4:74-7 -
Civil Commitment Adults

[N.J. Court Rules, R. 4:74-7](#)

Current with all changes received through April 19, 2023

NJ - New Jersey State & Federal Court Rules > Rules Governing the Courts of the State of New Jersey > PART IV. Rules Governing Civil Practice in the Superior Court, Tax Court and Surrogate's Courts > CHAPTER VII. Provisional and Final Remedies and Special Proceedings > RULE 4:74. Special Proceedings in the Superior Court, Law Division

Rule 4:74-7. Civil Commitment — Adults.

(a) Applicability; Definitions. This rule applies to the civil commitment of persons 18 years of age or older to inpatient or outpatient treatment, and the definitions contained in [N.J.S.A. 30:4-27.2](#) apply.

(b) Commencement of Action. An action for commitment to treatment shall be commenced either through a screening service referral or upon independent application for a temporary court order, except that an action for commitment to outpatient treatment may alternatively be commenced through the conversion procedure set forth in subparagraph (f)(3) of this Rule. All clinical and screening certificates shall be in the form prescribed by the Division of Mental Health and Addiction Services in the Department of Human Services subject to the approval of the Administrative Director of the Courts.

(1) Screening Service Referral. A person who has been involuntarily admitted to a short-term care or psychiatric facility or special psychiatric hospital or assigned to an outpatient treatment provider on referral by a screening service may be detained by the facility or the hospital without court order for not more than 72 hours from the time the original screening certificate was executed. During that period the facility, the hospital or outpatient treatment provider may institute proceedings by filing with the court the original clinical certificate completed by a psychiatrist on the patient's treatment team, the original screening certificate executed by a psychiatrist or other physician affiliated with the screening service and, if commitment to outpatient treatment is recommended, an interim plan of outpatient treatment. If the screening was performed by means of telepsychiatry by a screening service having a Division of Mental Health and Addiction Services approved plan of telepsychiatry, the facility, hospital or outpatient treatment provider may file with the court a facsimile of the original screening certificate in lieu of the original. A copy of the certificates and interim plan of outpatient treatment, if required, shall be filed with the office of the county adjuster.

(2) Independent Applications. If the screening service procedure is not employed, proceedings for involuntary commitment to treatment may be initiated by filing an application supported by two clinical certificates, at least one of which is prepared by a psychiatrist, stating that the person is in need of involuntary commitment to treatment. If an application for involuntary commitment to outpatient treatment is filed, an interim plan of outpatient treatment developed by an outpatient treatment program shall be filed in addition to the two clinical certificates. The originals shall be filed with the court and copies with the office of the county adjuster. If the application is made after a voluntary patient requests discharge from a facility or hospital, the patient may be detained for not more than 48 hours after the request or until the end of the next working day, whichever is later. If proceedings are instituted by independent application, there shall be no involuntary commitment to treatment prior to entry of a temporary commitment order by the court.

(3) Certificates for Adults.

(A) Contents. If the patient is an adult, the certificates shall state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property

as defined by [N.J.S.A. 30:4-27.2\(h\)](#) and .2(i), (3) the patient is unwilling to accept appropriate treatment voluntarily after it has been offered, (4) the patient needs outpatient treatment or inpatient care at a short term care or psychiatric facility or special psychiatric hospital, and (5) other less restrictive alternative services are not appropriate or available to meet the person's mental health care needs. If inpatient treatment is recommended, the certificates shall indicate that the patient is immediately or imminently dangerous to self, others or property or outpatient treatment is inadequate to render the patient unlikely to be dangerous within the reasonably foreseeable future. If outpatient treatment is recommended, the certificates shall indicate that with a plan of outpatient treatment the patient will unlikely be dangerous to self, others or property within the reasonably foreseeable future.

(B) Persons Disqualified. A person who is a relative by blood or marriage of the person being examined shall not execute any certificate required by this rule. If the screening service referral procedure is used, the same psychiatrist shall not sign both the screening certificate and the clinical certificate unless that psychiatrist has made a reasonable but unsuccessful attempt to have another psychiatrist conduct the evaluation and execute the certificate.

(c) Temporary Commitment. The court may enter an order of temporary commitment to treatment authorizing the assignment of a person to an outpatient treatment provider or the admission to or retention of custody by a facility pending final hearing if it finds probable cause, based on the documents filed in accordance with paragraph (b) of this rule, to believe that the person is in need of involuntary commitment to treatment. The order of temporary commitment shall include the following terms:

(1) A place and day certain for the commitment hearing, which shall be within 20 days from the initial commitment to treatment. The date shall not be subject to adjournment, except that in exceptional circumstances shown in open court and on the record the hearing may be adjourned for a period of not more than 14 days.

(2) Assignment of counsel to present the case for involuntary commitment to treatment as required by statute.

(3) Assignment of counsel to represent an unrepresented patient, whose fees shall be fixed by the court after hearing and paid pursuant to paragraph (i) of this rule.

(4) The persons to be notified by the county adjuster of the admitting county of the time and place of hearing, the mode of service of the notice, and the time within which notice must be served. Notice shall be served not less than 10 days prior to the date of the hearing, nor shall any mode of service of the notice on the patient be permitted other than personal service. In addition to the patient, the patient's counsel, and the patient's guardian or guardian ad litem, if any, notice shall also be given to the county counsel, the nearest relatives of the patient, the county adjuster of the county in which the patient has legal settlement, and the director or chief executive officer of the inpatient facility or hospital or outpatient treatment provider. Additionally, the court may order notice to be served on any other person. The form of notice served on the patient and the patient's counsel or guardian ad litem shall include a copy of the temporary court order, a statement of the patient's rights at the hearing, and the screening or clinical certificates and supporting documents.

(d) Discovery. Any rule, regulation or policy of confidentiality notwithstanding, the patient's counsel or guardian ad litem shall have the right to inspect and copy all records relating to the patient's mental condition, including the patient's clinical chart. The court may also order testing or examination of the patient by an independent psychiatrist, psychologist or other expert. The cost of such examination and the expert's fee for testifying if any, shall be borne by the person or public body charged with the patient's legal settlement.

(e) Hearing. No final order of commitment to treatment shall be entered except upon hearing conducted in accordance with the provisions of these rules. The application for commitment to treatment shall be supported by the oral testimony of a psychiatrist on the patient's treatment team who has conducted a personal examination of the patient as close to the court hearing date as possible, but in no event more

than five calendar days prior to the court hearing. If a licensed psychologist has examined the patient, the court may also require the psychologist to appear and testify in the matter. Any expert witness who is to testify shall prepare a written report and shall make it available to the court and all counsel no later than one business day prior to the hearing. The report shall be in a form prescribed by the Department of Human Services and subject to approval by the Administrative Director of the Courts, and designed to minimize the burden on hospital or outpatient treatment provider administrative and clinical resources while still accomplishing its objective. Other members of the patient's treatment team may also testify at the hearing, as may the patient's next-of-kin if the court so determines. The patient shall have the right to appear at the hearing, but may be excused from the courtroom during all or any portion thereof if the court determines that because of the patient's conduct at the hearing it cannot reasonably continue while the patient is present. In no case shall the patient appear pro se. The patient, through counsel, shall have the right to present evidence and to cross-examine witnesses. The hearing shall be held in camera, except as otherwise provided by [R. 3:19-2](#) (acquittal by reason of insanity).

(f) Final Order of Commitment, Review, Conversions, Modifications of Outpatient Treatment.

(1) Entry of Order. The court shall enter an order authorizing involuntary commitment of the patient to an outpatient treatment provider or admission to an inpatient setting for treatment if it finds, by clear and convincing evidence presented at the hearing that the patient is in need of continued involuntary commitment to treatment by reason of the fact that (1) the patient is mentally ill, (2) mental illness causes the patient to be dangerous to self or dangerous to others or property as defined in [N.J.S.A. 30:4-27.2\(h\)](#) and -2(i), (3) the patient is unwilling to be admitted to a facility for voluntary care or accept appropriate treatment voluntarily, and (4) the patient needs outpatient treatment as defined by [N.J.S.A. 30:4-27.2\(hh\)](#) or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other less restrictive alternative services are not appropriate or available to meet the patient's mental health care needs.

(2) Review. The order shall provide for periodic reviews of the commitment. For inpatient treatment, periodic reviews should be no later than (i) three months from the date of the first hearing, and (ii) nine months from the date of the first hearing, and (iii) 12 months from the date of the first hearing, and (iv) at least annually thereafter, if the patient is not sooner discharged. For outpatient treatment, periodic reviews should be no later than (i) 6 months from the date of the first hearing, (ii) 9 months from the date of the first hearing, (iii) 12 months from the date of the first hearing, and (iv) at least annually thereafter, if the patient is not sooner discharged. The court may schedule additional review hearings but, except in extraordinary circumstances, not more than once every 30 days. If the court determines at a review hearing that involuntary commitment to treatment shall be continued, it shall execute a new order. All reviews shall be conducted in the manner required by paragraph (e) of this rule. When the advanced age of the patient or when the cause or nature of the mental illness renders it appropriate, and where it would be impractical to obtain the testimony of a psychiatrist as required in paragraph (e), the court may, in its discretion and with the consent of the patient, support its findings by the oral testimony of a physician on the patient's treatment team who has personally conducted an examination of the patient as close to the hearing date as possible, but in no event more than five days prior to the hearing date. A scheduled periodic review, as set forth above, shall not be stayed pending appeal of a prior determination under this rule.

(3) Conversions. The chief executive officer of a psychiatric facility or hospital may apply to the court between the time periods for review of the commitment for an order changing the placement of the patient from an inpatient setting to an outpatient setting. The court shall set a date for a hearing on the conversion application and notice of the hearing shall be served upon the patient, the patient's guardian, if any, the patient's next of kin, the patient's attorney and the county adjuster of the county in which the patient has legal settlement. The court shall enter an order authorizing the conversion of the involuntary commitment of the patient from inpatient to outpatient treatment if it finds, by clear and convincing evidence presented at the hearing, that the patient is in need of continued commitment to treatment pursuant to [N.J.S.A. 30:4-27.2\(m\)](#), and the least restrictive environment for the patient to receive clinically appropriate treatment is in an outpatient setting.

(4) Modification of Outpatient Treatment.

(A) Material Noncompliance. If a patient fails to materially comply with a plan of outpatient treatment during the time the patient is assigned to outpatient treatment by the court or the provider determines the plan of outpatient treatment is inadequate to meet the patient's mental health needs, the outpatient treatment provider shall notify the court in writing of the material noncompliance and refer the patient to a screening service for assessment to determine appropriate mental health services pursuant to [N.J.S.A. 30:4-27.5](#).

(B) Modification of Plan. If an outpatient treatment provider determines a plan of outpatient treatment is inappropriate and needs to be modified, but the patient does not need to be referred to a screening service, the provider shall apply to the court for an order modifying the plan of outpatient treatment. Notice of the application to modify the treatment plan shall be served upon the patient's attorney and the county adjuster. The court shall enter an order modifying the plan of outpatient treatment as appropriate.

(g) Conversion to Voluntary Status; Voluntary Admission Through a Screening Service.

(1) When a patient has been involuntarily committed to a short-term care facility, a psychiatric facility or a special psychiatric hospital, as defined in [N.J.S.A. 30:4-27.2](#), and thereafter seeks to convert to voluntary status, the court shall hold a hearing within 20 days to determine whether the patient had the capacity to make an informed decision to convert to voluntary status and whether the decision was made knowingly and voluntarily. Counsel previously appointed shall represent the patient at that hearing and notice shall be given in accordance with paragraph (c)(4) of these rules. The patient shall attend the hearing unless the court is satisfied that the patient does not wish to attend.

(2) When a patient has been evaluated by a screening service and thereafter admitted to a short-term care facility or a psychiatric facility as a voluntary patient and when no court order of temporary commitment has been entered, the court shall hold a hearing within 20 days to determine whether the patient had the capacity to make an informed decision to be admitted voluntarily and whether the decision was made knowingly and voluntarily. Counsel shall be appointed to represent the patient at this hearing and notice shall be given in accordance with paragraph (c)(4) of these rules, except that notice to the nearest relatives of the patient shall be given only as requested in writing by the patient. The form of notice served upon patients and their counsel or guardians ad litem shall include a statement of the patient's rights at the hearing and a copy of the screening documents. The patient shall attend the hearing unless the court is satisfied that the patient does not wish to attend.

(h) Discharge.

(1) Order of Discharge. If the court concludes at the review hearing that the evidence does not warrant continued commitment to treatment, it shall order that the patient be discharged. The facility or outpatient treatment provider shall discharge the patient as soon as practicable but no later than 48 hours after the court's verbal order or by the end of the next working day, whichever is later. An order discharging the patient may contain conditions for discharge provided the court finds that the patient's history indicates a high risk of repeated commitment because of the patient's failure to comply with discharge plans or a substantial likelihood that by reason of mental illness the patient will be dangerous to self, others or property if the patient does not receive other appropriate and available services that render involuntary commitment to treatment unnecessary. Conditions shall be recommended by the facility or outpatient treatment provider and mental health agency staff and developed with the participation of the patient, shall be specific, and shall not exceed 90 days in duration except as otherwise provided by law. The continuation of any such conditions shall be subject to periodic review as provided by paragraph (f) hereof.

(2) Order of Conditional Extension Pending Placement. If a patient otherwise entitled to discharge from an inpatient facility cannot be immediately discharged due to the unavailability of an appropriate placement, the court shall enter an order conditionally extending the patient's hospitalization and scheduling a placement review hearing within 60 days thereafter. If the patient is not sooner

discharged, a second placement review hearing shall be held no later than six months after the initial placement review hearing and subsequently at no greater than six-month intervals. At all placement review hearings the court shall inquire into and receive evidence of the patient's placement as is necessary to support the entry of an order conditionally extending the patient's hospitalization. At all placement review hearings, the hospital employee who has primary responsibility for placing the patient shall prepare a written report and shall make it available to the court and all counsel no later than one business day prior to the hearing. The report shall be in a form prescribed by the Department of Human Services and subject to approval by the Administrative Director of the Courts, and designed to minimize the burden on hospital administrative and clinical resources while still accomplishing its objective. If the court is advised at a hearing that an appropriate placement is available, it shall forthwith order such placement. If an appropriate placement becomes available during the interval between scheduled hearings, the patient may be administratively discharged to said placement.

The patient shall have the right to counsel in all placement review proceedings. Notice of the date, time and place of all hearings shall be given the patient and patient's counsel no later than ten days prior to the hearing. The patient's counsel shall be entitled to inspect and copy all records relating to the patient's condition including the patient's clinical chart and all records relating to placement, to introduce evidence and to cross-examine adverse witnesses.

(3) Access to Appropriate Records for Placement. Whenever a person is or has been voluntarily admitted or involuntarily committed to treatment under N.J.S.A. Title 30, Article 4, and whose certificates, applications, records and reports, therefore, are controlled by [N.J.S.A. 30:4-24.3](#) and it appears that disclosure of said records is necessary to plan for or implement the placement of the person in a less restrictive or alternative environment, and the patient is unable or unwilling to give informed consent for said disclosure, a petition for the release of such records and the authority to execute any and all documents necessary to effectuate such placement, including but not limited to any and all applications and financial forms, may be made pursuant to [R. 1:6](#) as follows:

(A) Contents. The petition shall set forth the person or facility making the application, the name of the patient, the type of facility in which placement is sought, the commitment status of the patient, the reasons for the request, the response of the patient and his or her next-of-kin, and the relief requested.

(B) Service; Protective Order. A copy of the petition shall be served on the patient and the patient's attorney, if any. The court may in its discretion appoint an attorney to represent an unrepresented patient. The court shall enter a protective order to preserve the confidentiality of the records to the greatest extent possible.

(i) Order for Payment for Commitment to a Psychiatric Facility.

(1) The patient's legal settlement and provision for payment of the expenses of the patient's care and treatment at a psychiatric facility shall be determined by the court on petition of the county adjuster, which shall be accompanied by a report stating the results of the county adjuster's investigation and the county adjuster's recommendations. The county adjuster's petition and report shall be served upon the patient or the patient's legal guardian if any, the patient's attorney, and any person who may be legally responsible for payment. The petition shall set forth the name and address of the county adjuster and the address of the court and shall state that any objection to the recommendations of the county adjuster shall be filed with the court and served upon the county adjuster within 20 days after service of the petition and report. The petition shall further state that if no objection is filed within the 20-day period, the court may enter an order imposing liability in accordance with the recommendations of the report of the county adjuster. If no objection is filed, the court may enter an appropriate order based on the petition. If an objection is filed, an order may be entered only after a hearing on notice, which may be summary in nature.

(2) The person or public body charged with the responsibility for payment of the expenses of the patient's care and treatment at a psychiatric facility shall also be charged with the fee of assigned counsel and guardian ad litem and reasonable costs, including the costs of experts, incurred by either

of them in representing the patient. If the assigned counsel or guardian ad litem is employed by a legal services project, counsel's fee shall be ordered payable thereto. If counsel is employed by the State or county, no fee allowance shall be made.

(j) Filing. All documents referred to in this rule shall be filed in the County Adjuster's office together with an affidavit of service of all notices herein required. The files of the County Adjuster shall not, however, be open to inspection by any person other than assigned counsel, guardian ad litem and the Deputy Clerk of the Superior Court except on court order in exceptional circumstances and for good cause shown.

History

Source - paragraphs (a) (b) (c) (d) (e) (f) and (g), captions and text deleted and new text adopted July 17, 1975 to be effective September 8, 1975; paragraphs (a), (b), (c), (e), (f); amended and (j) caption and text deleted and new caption and text adopted September 13, 1976, to be effective September 13, 1976; paragraphs (b), (d), and (f); amended July 24, 1978, to be effective September 11, 1978; paragraph (f); amended July 16, 1981 to be effective September 14, 1981; paragraph (b); amended July 22, 1983 to be effective September 12, 1983; paragraphs (e) and (f); amended and paragraphs (g) and (h) caption and text; amended November 2, 1987 to be effective January 1, 1988; paragraphs (a) and (b); amended, subparagraphs (b)(1) and (2) adopted, paragraphs (c), (d) and (e); amended, caption and text of paragraph (f); amended, and caption and text of subparagraphs (g)(1) and (2); amended November 7, 1988 to be effective immediately; November 7, 1988 amendments rescinded February 21, 1989 retroactive to November 7, 1988; November 7, 1988 amendments reinstated June 6, 1989 to be effective June 7, 1989; subparagraph (c)(2); amended June 6, 1989 to be effective June 7, 1989; paragraph (g) recaptioned and text adopted and paragraphs (g) (h) (i) and (j) redesignated (h) (i) (j) and (k) June 29, 1990 to be effective September 4, 1990; paragraphs (c), (e) and (g); amended July 14, 1992 to be effective September 1, 1992; paragraphs (b)(2), (c)(1) and (4), (e), (f), (h)(2), (i)(1) and (2) and (k); amended July 13, 1994 to be effective September 1, 1994; amended January 22, 1997 to be effective March 1, 1997; paragraph (f)(2); amended July 27, 2006 to be effective September 1, 2006; paragraph (f)(2); amended July 9, 2008 to be effective September 1, 2008; paragraphs (a), (b), (c), (e) and (h); amended, paragraphs (f) caption and text; amended, new subparagraphs (f)(3) and (f)(4) adopted, and paragraph (i) caption and text; amended July 10, 2012 to be effective August 1, 2012; paragraph (c); amended July 31, 2020 to be effective September 1, 2020.

Rule 4:74-7A -
Civil Commitment Minors

[N.J. Court Rules, R. 4:74-7A](#)

Current with all changes received through April 19, 2023

NJ - New Jersey State & Federal Court Rules > Rules Governing the Courts of the State of New Jersey > PART IV. Rules Governing Civil Practice in the Superior Court, Tax Court and Surrogate's Courts > CHAPTER VII. Provisional and Final Remedies and Special Proceedings > RULE 4:74. Special Proceedings in the Superior Court, Law Division

Rule 4:74-7A. Civil Commitment — Minors.

(a) Definitions.

(1) *Minor.* A minor is any person who has not yet reached the age of eighteen.

(2) *Childhood Mental Illness.* Childhood mental illness means a current substantial disturbance of thought, mood, perception, or orientation which differs from that which is typical of children of a similar developmental stage, and which significantly impairs judgment, behavior, or capacity to recognize reality when also compared with children of a similar developmental stage. A seizure disorder, a developmental disability, organic brain syndrome, a physical or sensory handicap, or a brief period or periods of intoxication caused by alcohol or other substances is not sufficient by itself to meet the criteria for childhood mental illness.

(3) *Dangerous to Self, Others or Property.* The definitions in [N.J.S.A. 30:4-27.2\(h\)](#) and (i) shall apply to minors. With respect to a minor under 14 years of age, dangerous to self shall also mean that there is a substantial likelihood that the failure to provide immediate, intensive, institutional, psychiatric therapy will create in the reasonably foreseeable future a genuine risk of irreversible or significant harm to the child arising from the interference with or arrest of the child's growth and development and, ultimately, the child's capacity to adapt and socialize as an adult.

(4) *Children's Crisis Intervention Service.* Children's crisis intervention service means a community-based acute care inpatient psychiatric service designated by the Commissioner of the Department of Human Services to provide assessment, crisis stabilization, evaluation and treatment to children in need of involuntary commitment or eligible for parental admission or voluntary admission.

(b) Applicability. All provisions of [R. 4:74-7](#) (Civil Commitment-Adults) shall be applicable to the commitment of minors, except as follows:

(1) The certificates required by [R. 4:74-7\(b\)](#) shall state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (a) the minor suffers from childhood mental illness, (b) the childhood mental illness causes the minor to be dangerous to self or others or property as defined in [R. 4:74-7A\(a\)\(3\)](#), and (c) the minor is in need of intensive psychiatric treatment that can be provided at a psychiatric hospital, special psychiatric hospital or children's crisis intervention service and which cannot be provided in the home, the community or on an outpatient basis.

(2) The order of temporary commitment prescribed by [R. 4:74-7\(c\)](#) shall fix a date certain for the commitment hearing within 14 days after the initial inpatient admission to the facility, which date shall not be subject to adjournment except that in exceptional circumstances and for good cause shown in open court and on the record, the hearing may be adjourned for a period of not more than seven days. Notice shall be served not less than five days prior to the hearing.

(3) A guardian ad litem, other than the applicant for the commitment, shall be appointed to represent the patient. If the court, for good cause shown, appoints a guardian ad litem who is not an attorney,

counsel for the guardian ad litem shall also be appointed. The guardian ad litem shall, unless relieved by court order, continue to represent the minor in respect of all matters arising under this rule until the minor is either released or reaches majority. Assigned counsel and guardian ad litem fees shall be fixed by the court after hearing and paid pursuant to [R. 4:74-7\(i\)](#).

(4) A final order of commitment pursuant to [R. 4:74-7\(f\)](#) may be entered if the court finds that either:

(i) a minor fourteen years of age or older (a) suffers from childhood mental illness, (b) that the childhood mental illness causes the minor to be dangerous to self or others or property as defined by [N.J.S.A. 30:4-27.2\(h\)](#) and -27.2(i) and (c) that the minor is in need of intensive psychiatric treatment that can be provided at a psychiatric facility, special psychiatric hospital, or children's crisis intervention service and which cannot be provided in the home, the community or on an outpatient basis; or

(ii) a minor under fourteen years of age (a) suffers from childhood mental illness, (b) that the childhood mental illness causes the minor to be dangerous to self or others or property as defined by [R. 4:74-7A\(a\)\(3\)](#) and (c) that the minor is in need of intensive psychiatric treatment that can be provided at a psychiatric facility, special psychiatric hospital, or children's crisis intervention service and which cannot be provided in the home, the community or on an outpatient basis.

(5) The commitment shall be judicially reviewed no later than every three months from the date of its last entry until the minor is discharged or reaches the age of 18.

(6) The hearings on an application to convert to voluntary status pursuant to [R. 4:74-7\(g\)](#) shall be held within 14 days rather than the 20 days prescribed for adults.

(7) Any and all provisions relating to involuntary commitment to outpatient treatment.

(c) Voluntary Admission. Irrespective of whether the standard of involuntary commitment stated by this rule is met, any minor 14 years of age or over may request admission to a psychiatric facility, special psychiatric hospital, or children's crisis intervention service provided the court on a finding that the minor's request is informed and voluntary, enters an order approving the admission. If an order approving a voluntary admission of a minor is entered, the minor may discharge himself or herself from the facility in the same manner as an adult who has voluntarily admitted himself or herself. An order approving a voluntary admission shall be reviewable as provided by paragraph (b)(5) of this rule, however, said review may be summary.

(d) Parental Admission and Discharge.

(1) *Admission.* This rule shall not be construed to require any court procedure or approval for the admission of a minor by the minor's parent, parents, or other person in loco parentis to a psychiatric facility, special psychiatric hospital, or children's crisis intervention service for the evaluation or diagnosis of a childhood mental illness provided the admission is independently approved by a physician on the staff of the facility and does not exceed seven days. If further hospitalization is then required, the applicant shall proceed in accordance with [R. 4:74-7\(e\)](#). If an application for commitment is made during such admission, the final hearing shall be held within 14 days of the initial inpatient admission to the facility, adjournable only in accordance with paragraph (b)(2) of this rule.

(2) *Discharge.* The admitting parent or other person in loco parentis shall have the right to have the minor discharged upon oral or written request. The psychiatric facility, special psychiatric hospital, or children's crisis intervention service shall discharge the minor as soon as practicable but no later than 48 hours after the request unless the facility obtains a temporary order of commitment.

History

New rule relating to the commitment of minors adopted January 22, 1997 to be effective March 1, 1997; new subparagraph (b)(7) adopted July 10, 2012 to be effective August 1, 2012.

N.J. Court Rules, R. 4:74-7A

New Jersey State & Federal Court Rules

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Directive #21-20 KROL
COMMITMENTS

GLENN A. GRANT, J.A.D.
Acting Administrative Director of the Courts

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TO: Assignment Judges **DIRECTIVE # 21-20**
Criminal Presiding Judges **[Supersedes Directive # 9-96]**

FROM: Glenn A. Grant, J.A.D. 

SUBJ: Criminal – Procedures for Defendants Found Not Guilty by Reason of Insanity (NGRI) and other Commitments Resulting from Criminal Proceedings

DATE: August 5, 2020

This Directive, which supersedes Directive # 9-96, “Krol Commitments” (issued December 3, 1996), sets forth the procedures for defendants who are acquitted and found not guilty by reason of insanity (NGRI), and promulgates ten form orders approved by the Judicial Council for immediate statewide use by the Criminal Division. These form orders (Krol orders) implement the requirements for proceedings pursuant to N.J.S.A. 2C:4-8 et seq. and State v. Krol, 68 N.J. 236 (1975). The orders were drafted by the Forensic Evaluation Workgroup, which included various criminal practice and forensic system stakeholders such as representatives from the N.J. Judiciary, the Office of the Attorney General, the Office of the Public Defender, county prosecutors, and executive and clinical administration from the Division of Mental Health and Addiction Services.

Additionally, this Directive memorializes the requirement that court orders for commitments resulting from criminal proceedings must be forwarded to the County Adjuster because they are responsible for processing involuntary commitments and voluntary admissions pursuant to N.J.A.C. 10:7-3.1, and entering commitment orders into the Civil Commitment Automated Tracking System (CCATS). As such, the Krol orders specify that a copy of the order is to be forwarded to the County Adjuster’s office. Similarly, the orders promulgated for proceedings under N.J.S.A. 2C:4-5 et seq. by Directive # 17-18, “New and Revised Form Orders for Competency and Sanity Evaluations” (issued November 1, 2018), specify that a copy of the order is to be forwarded to the County Adjuster’s office. Additionally, court staff should forward court orders for proceedings under the Sexually Violent Predator Act (N.J.S.A. 30:4-27.24 et seq.) to the County Adjuster’s office where the crime was committed.

The procedures for NGRI defendants are as follows: (1) the Judgment of Acquittal should include the maximum period of imprisonment that could have been imposed pursuant to N.J.S.A. 2C:4-8(b)(3); (2) the Krol orders should also include the maximum term of commitment or supervision, where

applicable; (3) copies of the Judgment of Acquittal and the Krol orders must be forwarded to the County Adjuster as noted above; (4) the scheduled date for periodic review hearings should be included in the court orders, where applicable; (5) these hearings are in camera, except that hearings for defendants acquitted of murder by reason of insanity shall be in open court unless there is good cause for an in camera hearing. See R. 3:19-2; and (6) prior to the maximum term of commitment permitted under N.J.S.A. 2C:4-8(b)(3), the court shall schedule a hearing to determine if the person remains a danger to self, others or property as a result of mental illness. See Order # 9 entitled "Converting the Status of NGRI Committee to the Status of Civil Committee" (Attachment J).

Overview of the Krol Orders

The following descriptions briefly explain the situations in which the attached ten Krol orders should be used. For a more detailed explanation, please see the text that precedes the orders in each of the subsequent attachments.

Order 1 - Mandating First Post-Acquittal Psychiatric Evaluation as to the NGRI Acquittee's Dangerousness Pursuant to N.J.S.A. 2C:4-8 (Attachment A)

This court order would be used to obtain the first post-acquittal psychiatric evaluation required by N.J.S.A. 2C:4-8(a) and State v. Krol. In cases where the examination is by a psychiatrist in the Department of Health, the acquittee will be committed to one of the State psychiatric hospitals for the evaluation and recommendation as to current dangerousness to self, others or property as a result of mental illness.

Order 2 - Mandating Observation and Treatment of NGRI Acquittee Who Has Refused to Cooperate with the Psychiatric Evaluation of Dangerousness (Attachment B)

This court order would be used when the acquittee does not cooperate with the psychiatric evaluation. In such instances, the standards of N.J.S.A. 2C:4-5(c) are triggered, specifically, that the court may permit examination without cooperation, appoint a different psychiatrist or commit the defendant for observation for a period not exceeding 30 days except on good cause shown.

Order 3 - Mandating Commitment of NGRI Acquittee Who has been Found Dangerous to Self, Others, or Property as a Result of Mental Illness (Attachment C)

This court order would be used to commit the NGRI acquittee after there has been a finding that the person cannot be released into the community, with or without conditions, without posing a danger to self, others, or property as a result of mental illness pursuant to N.J.S.A. 2C:4-8(b)(3). The person would be committed into the care and custody of the Commissioner of the Department of Health and confined to an appropriate institution to be treated as a person civilly committed.

Order 3A - Mandating Continued Commitment of NGRI Acquittee Who Has Been Found Dangerous to Self, Others, or Property as a Result of Mental Illness (Attachment D)

This court order would be used when, following a periodic review hearing, the commitment is continued by the court upon finding that the person cannot be released into the community, either with or without conditions, without posing a danger to self, others, or property pursuant to N.J.S.A. 2C:4-8(b)(3).

Order 4 - Mandating Conditional Release of the NGRI Acquittee to a Specified Community Placement (Attachment E)

This court order would be used when the NGRI acquittee is found to be not so dangerous to self, others, or property as to require institutionalization, but will require release upon certain conditions pursuant to N.J.S.A. 2C:4-8(b)(2). The court may order the NGRI acquittee to be placed in a supervised community setting, if available, and establish conditions. Periodic review hearings will be scheduled while the person is under supervision in the community pursuant to State v. Ortiz, 193 N.J. 278 (2008).

Order 5 - Mandating Release of NGRI Acquittee (Attachment F)

This court order would be used when the court finds pursuant to N.J.S.A. 2C:4-8(b)(1) that the NGRI acquittee is not so dangerous to self, others, or property as to require institutionalization or release upon conditions. In accordance with State v. Ortiz, the court no longer has jurisdiction and there are no further hearings or reviews required under N.J.S.A. 2C:4-8.

Order 6 - Evaluation for Non-Compliance with Clinical Conditions of Conditional Release (Attachment G)

This court order would be used to order an evaluation for an NGRI acquittee who has previously been placed on conditional release pursuant to N.J.S.A. 2C:4-8(b)(2) and has either been: (1) non-compliant with the conditions of release or (2) the conditions of the discharge plan are no longer adequate to maintain the acquittee's mental health condition in the community. In such cases, this order would be used to have the individual evaluated by a screening service.

Order 7 - Revoking Conditional Release Status of NGRI Acquittee (Attachment H)

This court order would be used to revoke the conditional release and commit the person under N.J.S.A. 2C:4-8(b)(3), where the NGRI acquittee has violated the terms of the release and is currently a danger to self, others, or property by reason of mental illness.

Order 8 - Mandating the Continued Conditional Release of NGRI Acquittee (Attachment I)

This court order would be used after the court determines that the NGRI acquittee previously placed on conditional release maintains the need to continue on that status.

Order 9 - Converting the Status of NGRI Committee to the Status of Civil Committee (Attachment J)

This court order would be used when an NGRI committee has reached the maximum term of commitment under N.J.S.A. 2C:4-8(b)(3), but the court finds the person remains a danger to self, others or property as a result of mental illness. The court will convert the status of the NGRI committee to an involuntary civil committee under N.J.S.A. 30:4-27.15. As such, the jurisdiction over the committee will be transferred to the Superior Court of New Jersey, Civil Part. Periodic review hearings would then be held pursuant to R. 4:74-7 to determine if the committee continues to be dangerous to self, others, or property as a result of mental illness and whether the committee continues to require involuntary confinement in an institution.

These form orders will be posted on the Criminal Forms page of the Judiciary's Internet website at <https://www.njcourts.gov/selfhelp/catalog.html> and the Criminal Division Forms page of the Judiciary's InfoNet. Any questions regarding Directive # 21-20 may be directed to the Criminal Practice Division at 609-815-2900 ext. 55300.

Attachments A through J – Ten Krol Orders

cc:	Chief Justice Stuart Rabner	AOC Directors and Assistant Directors
	Attorney General Gurbir S. Grewal	Special Assistants to the Administrative Director
	Public Defender Joseph E. Krakora	Criminal Division Managers and Assistants
	Criminal Division Judges	County Adjusters
	Veronica Allende, Director, Div. of Crim. Justice	Maria Pogue, Chief
	Steven D. Bonville, Chief of Staff	Carol Chimento, SVP Team Leader

Attachment A

Order 1 - Mandating First Post-Acquittal Psychiatric Evaluation as to the NGRI Acquittee's Dangerousness Pursuant to N.J.S.A. 2C:4-8

* * *

This order (CN 12556) is to be used to obtain the first post-acquittal psychiatric evaluation required by N.J.S.A. 2C:4-8(a) and State v. Krol, 68 N.J. 236 (1975).¹ Pursuant to N.J.S.A. 2C:4-8(a) the acquittee shall undergo a psychiatric examination by a psychiatrist of the prosecutor's choosing.

In cases where the Department of Health is to provide the psychiatrist, this order may be used. For the examination to occur by a psychiatrist in the Department of Health the Not Guilty by Reason of Insanity (NGRI) acquittee will need to be committed to one of the State psychiatric hospitals for the purposes of observation and evaluation, and to provide the court with an opinion as to current dangerousness and recommendations for disposition. N.J.S.A. 2C:4-8(b) requires that the psychiatric evaluation provide an opinion as to whether the NGRI acquittee is dangerous to self, others or property as a result of mental illness and if so, whether the acquittee requires inpatient hospitalization or can be managed in the community with or without clinical conditions.

This order requires the prosecutor to provide the Office of the Court Coordinator at the designated State hospital with a copy of the court order and the examining psychiatrist with discovery in the matter.

If the examination is to be done by the State, there will be a need to transfer the acquittee to the institution so that the examination can proceed if the acquittee is not already in a State psychiatric hospital. Medical clearance will need to be coordinated with the Department of Health prior to an admission into a State psychiatric hospital and this order so provides.

¹ State v. Krol states that "Following acquittal by reason of insanity, the defendant may, at the request of the State, be confined in a suitable mental institution for a period of 60 days for observation and examination." 68 N.J. at 256. See also N.J.S.A. 2C:4-8(a) for a NGRI acquittee who is unwilling to participate in the examination, and citing to N.J.S.A. 2C:4-5(c), which provides for the court to commit such persons for observation for a period not exceeding 30 days except on good cause shown; N.J.S.A. 2C:4-9(a) provides for the examination and report on the NGRI committee's discharge or release on conditions to be provided to the court within 30 days, "or such longer period as the court determines to be necessary."

Attorney Name _____
NJ Attorney ID Number _____
Address _____

Telephone Number _____
Attorney for State of New Jersey/Defendant

In the Matter of _____

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**
Indictment Number: _____
NGRI Docket Number: _____

Criminal Action

Order Mandating **First Post-Acquittal**
Psychiatric Evaluation as to NGRI Acquittee's
Dangerousness Pursuant to N.J.S.A. 2C:4-8

Having Found the defendant not guilty by reason of insanity after trial [with/without] a jury on the charges of _____

It is on the _____ day of - Select Month -, 20 ____ **Ordered** that:

The NGRI acquittee is hereby committed to the custody of the Commissioner of the Department of Health, pursuant to N.J.S.A. 2C:4-8, pending medical clearance for admission which shall be coordinated with the Department of Health, and

It Is Further Ordered that

1. The professional staff shall determine, pursuant to N.J.S.A. 2C:4-8(b), whether or not the NGRI acquittee may be able to be released to the community, with or without conditions, including supervision, without posing a danger to self, others, or property; and
2. The professional staff shall determine, pursuant to N.J.S.A. 2C:4-8(b)(3), whether or not the NGRI acquittee requires inpatient hospitalization to treat the acquittee's condition, and
3. The Prosecutor's Office shall immediately forward relevant discovery materials, including but not limited to the charges against the NGRI acquittee, to this Judge's team leader. These materials and charges, along with a copy of the Judgment of Acquittal, shall be forwarded to the Office of the Court Coordinator at _____ Psychiatric Hospital Department of Health simultaneous with transfer of the NGRI acquittee after medical clearance for admission to the hospital; and,

4. The professional staff shall contact this court and the counsel identified below when the examination has been completed and provide each with a copy of the evaluation as soon as it has been completed; and
5. The professional staff shall notify this court and counsel of the proposed transfer date should it be found that the NGRI acquittee is not appropriate for commitment either because the acquittee is not dangerous to self, others, or property as a result of mental illness or that the acquittee could be released into the community [with] or [without] supervision, without posing an undue danger to self, others, or property; and
6. The NGRI acquittee shall not be administratively discharged by the institution without further order of this court; and
7. (Any additional conditions as ordered by the court) _____

8. A review hearing shall be held on _____.
9. Reports are to be provided to the court and counsel on _____.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - _____ County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment B

Order 2 - Mandating Observation and Treatment of NGRI Acquittee Who has Refused to Cooperate with the Psychiatric Evaluation of Dangerousness

* * *

This order (CN 12557) is to be used after an acquittal by reason of insanity is found by the trial court where the NGRI acquittee refuses to cooperate with the psychiatric examination. Pursuant to N.J.S.A. 2C:4-8(a) the acquittee shall undergo a psychiatric examination by a psychiatrist of the prosecutor's choosing.

In cases where the Department of Health is to provide the psychiatrist, this order may be used. For the examination to occur by a psychiatrist in the Department of Health the acquittee shall be committed to one of the State psychiatric hospitals.¹ The order provides that the examination is conducted to provide an opinion as to current dangerousness to self, others or property as a result of mental illness and to recommend a disposition to the court. The examining psychiatrist would need all discovery in the matter and that should be transferred simultaneously with the order to the Department of Health, Office of Court Coordination in the designated State psychiatric hospital where the evaluation shall be conducted.

Medical clearance will need to be coordinated with the Department of Health prior to an admission into a State psychiatric hospital.

¹ N.J.S.A. 2C:4-5(c) provides that the court may permit examination without cooperation, may appoint a different psychiatrist or may commit the defendant for observation for a period not exceeding 30 days except on good cause shown, or exclude or limit the testimony of defense psychiatrist or licensed psychologist (as applicable).

Attorney Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

Attorney for State of New Jersey/Defendant

In the Matter of

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**

Indictment Number: _____

NGRI Docket Number: _____

Criminal Action

Order Mandating Observation and Treatment
of NGRI Acquittee Who Has Refused to
Cooperate with a Psychiatric Evaluation
of Dangerousness

Having Found the defendant not guilty by reason of insanity after trial [with/without] a jury on the charges of _____

Having Ordered the NGRI acquittee to undergo a dangerousness evaluation pursuant to N.J.S.A. 2C:4-8 by _____, a psychiatrist of the State's choosing, and

Having Found that the NGRI acquittee has been unwilling to cooperate with the evaluation to determine if the acquittee is dangerous to self, others, or property as a result of mental illness,

It is on the _____ day of - Select Month -, 20 ____ **Ordered** that:

1. The acquittee is hereby committed to the custody of the Commissioner of the Department of Health pursuant to N.J.S.A. 2C:4-8 and N.J.S.A. 2C:4-5(c), pending medical clearance for admission which shall be coordinated with the Department of Health; and
2. The professional staff shall determine pursuant to N.J.S.A. 2C:4-8(b) whether or not the NGRI acquittee may be able to be released to the community, with or without conditions, including supervision, without posing an undue danger to self, others, or property; and

3. The professional staff shall determine pursuant to N.J.S.A. 2C:4-8(b)(3) whether or not the NGRI acquittee requires inpatient hospitalization to treat the acquittee's condition; and
4. The Prosecutor's Office shall immediately forward all relevant discovery materials, including but not limited to the charges against the acquittee, to this Judge's team leader. These materials and charges, along with a copy of the Judgment of Acquittal, shall be forwarded to the Department of Health, Office of Court Coordination at the designated state psychiatric hospital simultaneous with transfer of the acquittee; and,
5. The professional staff shall contact this court and the counsel identified below when the examination has been completed and provide each with a copy of the evaluation as soon as it has been completed; and
6. The professional staff shall notify this court and counsel of the proposed transfer date should it be found that the acquittee is not appropriate for commitment either because they are not dangerous to self, others, or property as a result of mental illness or that they could be released into the community with or without supervision, without posing an undue danger to self, others, or property; and
7. The acquittee shall not be administratively discharged by the institution without further order of this court; and
8. (Any additional conditions as ordered by the court) _____

9. A review hearing shall be held on _____.
10. Reports shall be provided to the court and counsel by _____.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - _____ County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment C

Order 3 - Mandating Commitment of NGRI Acquittee Who has been Found Dangerous to Self, Others, or Property as a Result of Mental Illness

* * *

This order (CN 12558) is to be used after an acquittal by reason of insanity is found by the trial court. In cases where the NGRI acquittee cannot be released into the community, with or without conditions, without posing a danger to self, others, or property as a result of mental illness, the court must commit the acquittee pursuant to N.J.S.A. 2C:4-8(b)(3). The NGRI acquittee will be committed into the care and custody of the Commissioner of the Department of Health and confined to an appropriate institution to be treated as a person civilly committed. The order refers to the NGRI acquittee as an NGRI committee.¹

¹ Although N.J.S.A. 2C:4-8 mandates that the NGRI committee “be treated as a person civilly committed” this standard is substantially the same though not exactly the same. There are three substantial differences between the periodic review hearings of all NGRI committee and a general civil committee. The three distinctions are confirmed under Krol v. State and subsequent case law. Firstly, N.J.S.A. 2C:4-8 grants the prosecutor the right to appear and be heard at all periodic review hearings of all NGRI committees who are hospitalized or in the community under KROL court supervision on a conditional release. Second, the burden of proof for the State in sustaining a Krol commitment is “preponderance of the evidence” rather than “clear and convincing evidence” as required under a civil commitment under N.J.S.A. 30:4-27.10. Lastly, the In the Matter of the Commitment of Edward S., 118 N.J. 118 (1990) all periodic review hearings for patients who were acquitted of murder by reason of insanity shall be heard in open court unless good case is shown for an in camera hearing. See also, R. 3:19-2 and In the Matter of the Commitment of Calu, 301 N.J. Super. 20, 26-27 (App. Div. 1997).

Attorney Name _____
NJ Attorney ID Number _____
Address _____

Telephone Number _____
Attorney for State of New Jersey/Defendant

In the Matter of _____

Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County
Indictment Number: _____
NGRI Docket Number: _____

Criminal Action

Order Mandating Commitment of NGRI
Acquittee Who Has Been Found to be
Dangerous to Self, Others, or Property as a
Result of Mental Illness

Having Reviewed _____

Having Found that the NGRI acquittee is dangerous to self, others, or property as a result of mental illness and that the acquittee cannot be released into the community, either with or without conditions, without posing a danger to self, others, or property, and

It is on the _____ day of - Select Month -, 20 ____ **Ordered** that:

1. The NGRI acquittee is hereby committed to the custody of the Commissioner of the Department of Health pursuant to N.J.S.A. 2C:4-8(b)(3) to be confined in an appropriate institution and treated as a person civilly committed, where the acquittee shall undergo treatment as determined to be clinically appropriate; and
2. If the Commissioner or designee of the institution to which the NGRI committee has been committed is of the clinical opinion that the committee may be unconditionally released or released on conditions without danger to self, others, or property, or that they may be transferred to a less restrictive setting for treatment, then the Commissioner or designee at the institution shall provide this court and the counsel identified below with a report pursuant to N.J.S.A. 2C:4-9; and

3. At any time the NGRI committee may apply to this court for release pursuant to N.J.S.A. 2C:4-9; and
4. The NGRI committee shall not be administratively discharged by the institution without further order of this court; and
5. (Any additional conditions as ordered by the court) _____

6. A review hearing shall be held on _____.
7. Reports to the court and counsel shall be due on _____.
8. The NGRI acquittee's maximum period of commitment or supervision under N.J.S.A. 2C:4-8 is ___ years and ___ months and terminates on [fill in the date]_____.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment D

Order 3A - Mandating Continued Commitment of NGRI Acquittee Who has been Found Dangerous to Self, Others, or Property as a Result of Mental Illness

* * *

This order (CN 12635) is to be used when, following a periodic review hearing, the commitment of the acquittee is continued by the court having found that the acquittee cannot be released into the community, either with or without conditions, without posing a danger to self, others, or property pursuant to N.J.S.A. 2C:4-8(b)(3). The NGRI acquittee shall continue to be committed in the care and custody of the Commissioner of the Department of Health and confined to an appropriate institution to be treated as a person civilly committed. The order refers to the NGRI acquittee as an NGRI committee.¹

¹ Although N.J.S.A. 2C:4-8 mandates that the NGRI committee “be treated as a person civilly committed” this standard is substantially the same though not exactly the same. There are three substantial differences between the periodic review hearings of all NGRI committee and a general civil committee. The three distinctions are confirmed under Krol v. State and subsequent case law. Firstly, N.J.S.A. 2C:4-8 grants the prosecutor the right to appear and be heard at all periodic review hearings of all NGRI committees who are hospitalized or in the community under KROL court supervision on a conditional release. Second, the burden of proof for the State in sustaining a Krol commitment is “preponderance of the evidence” rather than “clear and convincing evidence” as required under a civil commitment under N.J.S.A. 30:4-27.10. Lastly, the In the Matter of the Commitment of Edward S., 118 N.J. 118 (1990) all periodic review hearings for patients who were acquitted of murder by reason of insanity shall be heard in open court unless good case is shown for an in camera hearing. See also, R. 3:19-2 and In the Matter of the Commitment of Calu, 301 N.J. Super. 20, 26-27 (App. Div. 1997).

Attorney Name _____
NJ Attorney ID Number _____
Address _____

Telephone Number _____
Attorney for State of New Jersey/Defendant

In the Matter of _____

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**
Indictment Number: _____
NGRI Docket Number: _____

Criminal Action

Order Mandating Continued Commitment of
NGRI Acquittee Who Has Been Found to be
Dangerous to Self, Others, or Property
as a Result of Mental Illness

Having Reviewed _____

_____, and

Having Found that the NGRI acquittee is dangerous to self, others, or property as a result of mental illness and that the acquittee cannot be released into the community, either with or without conditions, without posing a danger to self, others, or property,

It is on the _____ day of Select Month-, 20 ____ **Ordered** that:

1. The NGRI acquittee shall continue to be committed to the custody of the Commissioner of the Department of Health pursuant to N.J.S.A. 2C:4-8(b)(3) to be confined in an appropriate institution and treated as a person civilly committed, where the acquittee shall undergo treatment as determined to be clinically appropriate; and
2. If the Commissioner or designee of the institution to which the NGRI committee has been committed is of the clinical opinion that the committee may be unconditionally released or released on conditions without danger to self, others, or property, or that they may be transferred to a less restrictive setting for treatment, then the Commissioner or designee at the institution shall provide this court and the counsel identified below with a report pursuant to N.J.S.A. 2C:4-9; and

3. At any time, the NGRI committee may apply to this court for release pursuant to N.J.S.A. 2C:4-9; and
4. The NGRI committee shall not be administratively discharged by the institution without further order of this court; and
5. (Any additional conditions as ordered by the court) _____

6. A review hearing shall be held on _____.
7. Reports to the court and counsel shall be due on _____.
8. The NGRI acquittee's maximum period of commitment or supervision under N.J.S.A. 2C:4-8 is _____ years and _____ months and terminates on [fill in the date] _____.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - _____ County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment E

Order 4 - Mandating Conditional Release of the NGRI Acquittee to a Specified Community Placement

* * *

This order (CN 12559) is for use when an NGRI acquittee is found to be not so dangerous to self, others, or property as to require institutionalization, but will require release upon certain conditions, pursuant to N.J.S.A. 2C:4-8(b)(2). The court may order the NGRI acquittee to be placed in a supervised community setting, if available, and establish conditions which must be met. A supervised residence may include placements as an available supervised community residence under the auspices of the Department of Human Services¹ or a residence with a family member.

A court may only discharge the NGRI acquittee pursuant to the conditions if it finds that the acquittee may be released without danger to the community or to themselves under supervision or under certain conditions. The conditions that the court may impose upon the NGRI acquittee shall include those recommended by mental health staff who evaluated the acquittee, as well as those developed with the acquittee's participation.

Periodic review hearings shall be scheduled for the NGRI acquittee while under court supervision in the community pursuant to State v. Ortiz, 193 N.J. 278 (2008).

¹ Once a community-based placement for forensically involved committees is identified, the court should schedule a hearing as soon as practicable in order to ensure that the placement will not be lost to another individual due to delay. Community based placements do not remain available indefinitely.

Attorney Name _____
NJ Attorney ID Number _____
Address _____

Telephone Number _____
Attorney for State of New Jersey/Defendant

In the Matter of _____

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**
Indictment Number: _____
NGRI Docket Number: _____
Criminal Action
Order Mandating Conditional Release of
NGRI Acquittee to a Specified
Community Placement

Having Found that the NGRI acquittee is not dangerous to self, others, or property as a result of mental illness as to require institutionalization; and having found that while the acquittee does not need involuntary or continuing involuntary hospitalization, that the acquittee cannot be released into the community without supervision or under conditions, without posing a danger to self, others, and property,

It is on the _____ day of Select Month -, 20 ____ **Ordered** that:

1. Pursuant to N.J.S.A. 2C:4-8(b)(2) the NGRI acquittee shall be placed in _____, upon the following conditions _____

_____;
2. The NGRI acquittee shall report to _____ for supervision to ensure compliance with all conditions; and
3. (Any additional conditions as ordered by the court) _____

4. A review hearing shall be held on _____.
5. A copy of this Order shall be forwarded to the Clinical and/or Medical Director of the [name of mental health providers listed in the order] _____.
6. The Court and counsel shall be informed promptly and in writing by the mental health provider if the acquittee violates conditions or if the program seeks modifications. The provider shall immediately contact the court and counsel if the acquittee absconds from supervision.
7. Reports to the Court and counsel shall be due on _____.
8. The NGRI acquittee's maximum period of supervision under N.J.S.A. 2C:4-8 of _____ years and _____ months terminates on [fill in the date]_____.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - _____ County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment F

Order 5 - Mandating Release of NGRI Acquittee

* * *

This order (CN 12560) is to be used when the court finds that the NGRI acquittee is not so dangerous to self, others, or property as to require institutionalization or release upon certain conditions. In such cases the acquittee is released with no conditions pursuant to N.J.S.A. 2C:4-8(b)(1).

In accordance with State v. Ortiz, 193 N.J. 278 (2008), the court no longer has jurisdiction and there are no further hearings or review under N.J.S.A. 2C:4-8.

Attorney Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

Attorney for State of New Jersey/Defendant

In the Matter of

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**

Indictment Number: _____

NGRI Docket Number: _____

Criminal Action

Order Mandating Release of NGRI Acquittee

Having Found that the defendant is not guilty by reason of insanity and is not so dangerous to self, others, or property as a result of mental illness as to require institutionalization or a supervised residence and/or release upon conditions,

It is on the _____ day of Select Month-, 20 ____ **Ordered** that:

Pursuant to N.J.S.A. 2C:4-8(b)(1) the NGRI acquittee shall be released with no conditions.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - _____ County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment G

Order 6 - Evaluation for Non-Compliance with Clinical Conditions of Conditional Release

* * *

This order (CN 12561) is for use when information is presented to the court that a NGRI acquittee who has previously been placed on conditional release pursuant to N.J.S.A. 2C:4-8(b)(2) and has either been: (1) non-compliant with the conditions of release or (2) the conditions of the discharge plan are no longer adequate to maintain the acquittee's mental health condition in the community. In such cases, if the mental health agency contacts the prosecutor's office regarding non-compliance or inadequacy of the treatment plan for the NGRI acquittee, upon motion of the prosecutor for a psychiatric evaluation, this form order may be used to have the individual evaluated by a screening service. The court may initiate its own proceeding on its own motion.

It is noted that counties have different means of handling transportation of individuals in need of emergent psychiatric assessments. This form order allows the court to enter the preferred method of transportation to the county designated screening service for psychiatric assessment of the individual. Transportation to the county designated screening service¹ may be by the county sheriff, through local police or through a designated mobile screener.²

The screening service shall evaluate the NGRI acquittee under the standards of N.J.S.A. 30:4-27-1 et seq. If the screening service finds civil commitment is medically necessary, then the service shall make application under N.J.S.A. 30:27-1 et seq. for inpatient civil commitment. The screening service should note on its application to the court that this individual holds a Krol acquittee status as well. The county adjuster shall inform the criminal court, prosecution and defense counsel of the hospitalization. In all cases the screening service will make its findings known to the court and parties so that they may proceed accordingly.

¹ See the official list of designated screening services throughout New Jersey.

² It is noted that Human Service Police (HSP) do not transport Krol acquittees from the community to the designated screening service. It is outside the scope of the responsibility of HSP. See, generally, N.J.S.A. 30:4-14 et seq.

Attorney Name _____
NJ Attorney ID Number _____
Address _____

Telephone Number _____
Attorney for State of New Jersey/Defendant

In the Matter of _____

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**
Indictment Number: _____
NGRI Docket Number: _____

Criminal Action

Order for Evaluation for Non-Compliance with
Clinical Conditions of Conditional Release

This Matter having been opened to the Court by Assistant Prosecutor _____, on behalf of _____, Prosecutor of - Select County - County, in the presence of _____, Esq., appearing on behalf of _____, and the Court having considered the report of _____, dated _____, and

Having Found that the NGRI acquittee has been noncompliant and failed to meet the conditions of the conditional discharge plan [or the terms of the plan required adjustments as they no longer met the clinical needs of the NGRI acquittee] and/or Court Order dated _____, and

Having Found previously that the acquittee is dangerous to self, others, or property as a result of mental illness, and

Having Found cause now to question whether the acquittee can remain in the community with the current level of care without posing a danger to self, others, or property,

It is on the _____ day of - Select Month -, 20 ____ **Ordered** that:

1. The transportation of the NGRI acquittee for a psychiatric assessment shall occur as follows _____.
2. A report shall be prepared by the screening service including any and all findings regarding dangerousness and recommendations for treatment and released to the Court and counsel identified below; and

3. Nothing in this order prohibits the psychiatric screening center from admitting the NGRI acquittee if hospitalization is deemed medically appropriate; and
4. Should the screening center find that hospitalization is deemed medically appropriate the screening center shall immediately convey that information to the Court; and
5. Should the screening center find that the acquittee can be released to the community with conditions the screening center shall contact this Court and counsel below prior to doing so and await instructions regarding transport and disposition.
6. All relevant discovery in this matter shall be provided to the screening service by the Prosecutor's Office.
7. (Any additional conditions as ordered by the court) _____

8. The NGRI acquittee's maximum period of commitment or supervision under N.J.S.A. 2C:4-8 terminates in _____ years and _____ months on [fill in the date]_____.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date _____
Judge

Prosecutor's Office:
 Name _____
 Address _____
 Telephone Number _____
 Fax _____
 Email _____

Defendant's Attorney:
 Name _____
 Address _____
 Telephone Number _____
 Fax _____
 Email _____

- Interpreter needed? Yes No If yes, language _____
- ADA accommodation needed? Yes No If yes, describe _____
- Contact List attached



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - _____ County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment H

Order 7 - Revoking Conditional Release Status of NGRI Acquittee

* * *

This order (CN 12562) is to be used where a court finds that a NGRI acquittee who was previously placed on a conditional release has violated terms of the release and is currently a danger to self, others, or property by reason of mental illness. The court can revoke the conditional release and commit the person under N.J.S.A. 2C:4-8(b)(3). After an evaluation by a screening service, the NGRI committee shall be committed to an inpatient facility for hospitalization and treatment.

The court shall receive the report and recommendations from the screening service and/or the current treating psychiatrist recommending inpatient psychiatric hospitalization. The court shall review the recommendations and enter an appropriate disposition.

Attorney Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

Attorney for State of New Jersey/Defendant

In the Matter of

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**

Indictment Number: _____

NGRI Docket Number: _____

Criminal Action

Order Revoking Conditional Release Status
of NGRI Acquittee

This Matter having been opened to the Court by Assistant Prosecutor _____, on behalf of _____, Prosecutor of - Select County - County, in the presence of _____, Esq., appearing on behalf of _____, and the Court having considered the report of _____, dated _____, and

Having Found that the NGRI acquittee has been noncompliant with clinical conditions of release, and failed to meet the conditions of the discharge plan and/or Court Order dated _____, and

Having Found previously that the acquittee is dangerous to self, others, or property as a result of mental illness, and

Having Found that the NGRI acquittee was evaluated at _____ screening service on _____ and the screening service or treating psychiatrist having certified that the acquittee poses a substantial risk of danger to self, others, or property by reason of mental illness and is no longer considered appropriate for treatment in the community, and

Having Found by a preponderance of evidence the NGRI acquittee currently meets criteria for inpatient hospitalization due to their dangerousness as a result of mental illness,

It is on the _____ day of - Select Month -, 20 ____ **Ordered** that:

1. The conditional release of the NGRI acquittee is revoked and the status of the NGRI acquittee is converted from conditional release under N.J.S.A. 2C:4-8(b)(2) to commitment

under N.J.S.A. 2C:4-8(b)(3). The NGRI committee shall be committed into the care and custody of the Commissioner of the Department of Health to be confined to an appropriate institution where the committee shall undergo treatment for their dangerousness to self, others, and property as a result of mental illness; and

2. Upon the identification of appropriate and available facility for admission that the facility and county adjuster contact this court and counsel listed below to provide notice of where the committee is receiving services; and
3. A copy of this order shall be provided to any facility in which the committee is receiving services.
4. All of the records of the NGRI committee's treatment in the community be provided to the treating physician at the designated facility within _____ days of this Order by _____. If the NGRI committee is provided services at a State psychiatric hospital, then the community provider shall provide the Office of Court Coordination all of the treatment records.
5. Periodic review hearings shall be held pursuant to N.J.S.A. 2C:4-8(b) to determine if the committee continues to be dangerous to self, others, or property as a result of mental illness and whether they continue to require involuntary confinement in an institution.
6. (Any additional conditions as ordered by the court) _____

7. A review hearing on this matter shall be set for _____.
8. Reports for the hearing to Court and counsel are due on _____.
9. The NGRI acquittee's maximum period of commitment or supervision under N.J.S.A. 2C:4-8 of _____ years and _____ months terminates on [fill in date] _____.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment I

Order 8 - Mandating the Continued Conditional Release of NGRI Acquittee

* * *

This order (CN 12563) is to be used after the court determines that a NGRI acquittee previously placed on conditional release maintains the need to continue in that status. In order to ensure proper reporting to the court, the clerk of the court will send a copy of the court order to Clinical and Executive Director of the community-based provider agency where the individual is receiving services. The elements that are required as part of the reporting to the court should be detailed in the court's order to ensure that the court receives adequate information.

The court order should clearly detail the conditions that form the basis of the clinical supervision by the mental health agency in the community.

Attorney Name _____
NJ Attorney ID Number _____
Address _____

Telephone Number _____
Attorney for State of New Jersey/Defendant

In the Matter of _____

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**

Indictment Number: _____
NGRI Docket Number: _____

Criminal Action

Order Mandating the Continued
Conditional Release of NGRI Acquittee

Having Found that the NGRI acquittee continues to no longer be so dangerous to self, others, or property, as a result of mental illness as to require hospitalization, and

Having Found that there is a substantial likelihood that the acquittee will be dangerous to self, others, or property, as a result of mental illness if the acquittee does not receive appropriate services available in the community,

It is on the _____ day of Select Month -, 20 ____ **Ordered** that:

1. The acquittee continues on Krol status on conditional release pursuant to N.J.S.A. 2C:4-8(b)(2); and
2. The acquittee shall abide by the following conditions of their release which are attached to this Order and incorporated herein; and
3. The review hearing pursuant to State v. Krol, 68 N.J. 236 (1975), shall be held on _____.
4. A copy of this order shall be sent within two (2) days to the Medical Director and/or the Executive Director of the community-based provider agency by the court.
5. A copy of this order shall be provided to any treating psychiatrist of the NGRI acquittee by the provider agency.
6. A report by the treating psychiatrist will be due on _____.

7. The NGRI committee's maximum period of commitment or supervision under N.J.S.A. 2C:4-8 of _____ years and _____ months terminates on [fill in the date]_____.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed? Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - _____ County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Attachment J

Order 9 - Converting the Status of NGRI Committee to the Status of Civil Committee

* * *

This order (CN 12564) is to be used when a NGRI committee has reached their maximum term of commitment under N.J.S.A. 2C:4-8 but remains a danger to themselves, others, or property. Prior to the end of the maximum term of commitment allowable under N.J.S.A. 2C:4-8(b)(3), the court shall schedule a hearing for the NGRI committee. Upon the presentation of medical testimony at the hearing by the treating psychiatrist of the NGRI committee, if based upon the recommendation of the medical expert, the court finds the committee remains dangerous to self, others or property as a result of mental illness at the expiration of the maximum term of confinement, the criminal court shall convert the NGRI committee under N.J.S.A. 2C:4-8(b)(3) to a civil committee under N.J.S.A. 30:4-27.15. See State v. Krol, 68 N.J. 236, 264 (1975).

Attorney Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

Attorney for State of New Jersey/Defendant

In the Matter of

**Superior Court of New Jersey
Law Division – Criminal Part
- Select County - County**

Indictment Number: _____

NGRI Docket Number: _____

Criminal Action

Order Converting Status of NGRI Committee
to Status of Civil Committee

Having Found the defendant not guilty by reason of insanity on _____, and

Having Ordered the NGRI committee into the care and custody of the Department of Health on _____, to be confined in an appropriate institution based upon this court’s finding by a preponderance of the evidence that the NGRI committee was dangerous to self, others, or property as a result of mental illness and they could not be released into the community with or without conditions, and

Having Found that the NGRI committee’s maximum period of commitment under N.J.S.A. 2C:4-8 of _____ years and _____ months has now been reached, and

Having Found by clear and convincing evidence that the NGRI committee remains dangerous to self, others, or property as a result of mental illness and that they cannot be released into the community either with or without conditions without posing a danger to self, others or property based upon the reports of _____,

It is on the _____ day of Select Month -, 20 ____ **Ordered** that:

1. The committee shall remain committed to the care and custody of the Commissioner of the Department of Health to be confined in an appropriate institution as an involuntary civil committee under N.J.S.A. 30:4-27.15.
2. The jurisdiction over the committee shall be transferred to the Superior Court of New Jersey, Civil Part.

3. Periodic review hearings shall be held pursuant to R. 4:74-7 to determine if the committee continues to be dangerous to self, others, or property as a result of mental illness and whether the committee continues to require involuntary confinement in an institution.

A copy of this Order will be forwarded to the County Adjuster's Office by the Clerk of the Court within two (2) days of its signing.

Date

Judge

Prosecutor's Office:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____

Interpreter needed, Yes No If yes, language _____

ADA accommodation needed? Yes No If yes, describe _____

Contact List attached

Defendant's Attorney:

Name _____

Address _____

Telephone Number _____

Fax _____

Email _____



New Jersey Judiciary
Krol Order Contact List

In the Matter of

_____ - Select County - _____ County

Prosecutor:

Name _____

Telephone Number _____

Email _____

Defendant's Attorney:

Name _____

Telephone Number _____

Email _____

Provider Agency:

Name _____

Provider Agency CEO _____

Telephone Number _____

Email _____

Court Contact:

Name _____

Title _____

Telephone Number _____

Email _____

Rehospitalization Procedures

LSY

ADMINISTRATIVE OFFICE OF THE COURTS
STATE OF NEW JERSEY

RICHARD J. WILLIAMS, J.A.D.
ADMINISTRATIVE DIRECTOR OF THE COURTS



RICHARD J. HUGHES JUSTICE COMPLEX
PO BOX 037
TRENTON, NEW JERSEY 08625-0037
(609) 984-0275
FAX: (609) 292-3320

August 20, 2003

MEMORANDUM TO: Assignment Judges

FROM: Richard J. Williams *RM*

SUBJECT: *PROCEDURES FOR REHOSPITALIZATION OF PATIENTS ON CONDITIONAL RELEASE (CIVIL COMMITMENTS)*

In light of the decision in *IMO the Commitment of B. L.* and *IMO the Commitment of M. W.*, 346 N. J. Super. 285 (App Div. 2002), the Department of Human Services, Division of Mental Health Services has developed the attached package of materials to be used when rehospitalizing a former civil committee who has violated the conditions of his or her release. These materials, which include procedural instructions and three forms, have been approved by the Office of the Attorney General and reviewed by the AOC's Civil Practice Division. The materials include:

1. Procedures for the Return of Patients on Conditional Release;
2. Certification for Return Following Conditional Release (to be completed by a mental health screener);
3. Order to Transport to a Screening Service to Assess Need for Temporary Rehospitalization Following Conditional Release; and
4. Order for Temporary Rehospitalization Following Conditional Release.

Please disseminate these materials to those judges handling civil commitment matters in your vicinage. The Division for Mental Health Services has distributed these materials to screening centers, hospital facilities and other mental health care providers and programs.

Any questions concerning these materials may be directed to Robert J. Piscopo, Civil Practice Division, at (609) 292-8470.

R.J.W.

JFC/LMJ
attachment

c: Hon. Deborah T. Poritz, Chief Justice
Gwendolyn L. Harris, Commissioner, Department of Human Services
Alan G. Kaufman, Director, Division of Mental Health Services
Theodore J. Fetter, Deputy Director
John P. McCarthy, Jr., Director
Trial Court Administrators
Jane F. Castner, Assistant Director
Robert J. Piscopo, Civil Practice Division

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**DIVISION OF MENTAL HEALTH SERVICES
DEPARTMENT OF HUMAN SERVICES**

PROCEDURES FOR THE RETURN OF PATIENTS ON CONDITIONAL RELEASE
July 1, 2003

In January 2002, in the cases of *IMO the Commitment of M.W.* and *IMO the Commitment of B.L.*, the Appellate Division of the New Jersey Superior Court held that patients who have violated the conditions of release and are certified as meeting the standard for involuntary commitment by the certified screener and found to meet the standard by a court may be rehospitalized using the procedures below.

A consumer who has been involuntarily committed may be discharged from that commitment by a court subject to conditions recommended by the facility and mental health agency staff with the participation of the consumer pursuant to N.J.S.A. 30:4-27.15c(1),(2). N.J.S.A. 30:4-27.15c(3) gives a mental health agency designated in such order responsibility to notify the court if a patient released under conditions fails to meet those conditions, and that court can then authorize the transportation of the person to a screening center for an assessment.

If at any time a conditionally released consumer presents at the screening center and the person is in need of involuntary commitment, a Designated Screening Center has the authority to involuntarily commit the individual in accordance with the NJ Screening Law (screening document, screening certificate by a psychiatrist, etc.) without involving the judge. The route outlined below should be used whenever it is possible to do so; however, if the patient is known or discovered during the commitment process to be on a conditional release status, but the emergent nature of the person's condition or other circumstances require it, the screening center may proceed with a regular commitment. In that case, the judge should be notified of the person's return as soon as possible.

The procedure authorized by *M.W.* and *B.L.* is as follows:

1. When a client violates the conditions of his/her release, the mental health agency designated in the conditional release order that becomes aware of the violation contacts the judge* to discuss the nature of the violation and the effect on the client's clinical condition.
2. The judge, based upon this initial information, issues an order to transport the client to the appropriate Designated Screening Center for further assessment and evaluation. If the order is verbal, the judge must later sign an order reciting the same information. (See the form Order to Transport to a Screening Service, etc., which is attached.)

*The commitment judge who issued the conditional release order is to be contacted during regular working hours, Monday through Friday, 9:00 AM - 5:00 PM. The on-call judge or emergent duty judge is to be contacted after hours, weekends, and holidays. The central dispatch unit of any police department or the county prosecutor's office will be able to provide the name and telephone number of the on-call or emergent duty judge.

3. If the client is unable or unwilling to go to the screening center, the designated agency will contact the screening center to request a mobile outreach. If the certified screener assesses the client to be in need of further assessment or other services provided at the screening center, the screening staff may arrange to have the client transported to the screening center. Transportation procedures shall comply with the screening standards and existing affiliation agreements.
4. Once the certified screener assesses the client and determines that he/she meets the standard for commitment and needs to be rehospitalized, a "Certification for Return Following Conditional Release" will be completed and faxed to the judge.
5. The certification must be completed in a manner that will enable the judge to have all the findings of fact: a description of the violation of condition(s); evidence of mental illness and dangerousness, including facts, observations, and the basis for recommending re-hospitalization; and a recommendation for the appropriate type of location for psychiatric treatment (i.e. STCF, County Hospital, State Hospital). **THE COURT MAY NOT RECOMMIT WITHOUT THIS INFORMATION. IF THE JUDGE ACCEPTS THIS INFORMATION VERBALLY, A WRITTEN, EXECUTED CERTIFICATION WITH THE SAME INFORMATION TRANSMITTED VERBALLY TO THE JUDGE MUST BE SENT TO THE JUDGE AS SOON AS POSSIBLE.**
6. Upon review of the findings of fact and conclusion of law supported by the information provided on the screener's certification, the judge may then complete an "Order for Temporary Rehospitalization Following Conditional Release."
7. The judge may provide a verbal order or fax the completed court order to the screening center. In the case of a verbal order, the time and date and name of the person receiving the order will be documented on the order and in the chart.
8. The screening center shall refer the client to an appropriate facility for rehospitalization, which may be the place from which the patient was conditionally released or any other appropriate inpatient facility the screening center identifies. Both the certification and the order must be sent to the receiving facility.
9. The court order must be immediately transmitted to the County Adjuster, who shall schedule the commitment hearing to be held within 20 days of admission. No later than ten days prior to the commitment hearing, the County Adjuster must serve the patient, the attorneys, the relatives and other persons who received notice of the hearing, with notice of the place, date, and time of the hearing and a copy of this Order and attachment; by personal service upon the patient and by regular mail upon all other persons.
10. The consumer will be transported from the screening center to the receiving facility as any other involuntarily committed patient might be transported (i.e. ambulance, police, sheriff's officers), when a bed is available.

11. When a patient is returned to the state hospital with a judge's "Order for Temporary Rehospitalization Following Conditional Release" and the screener's "Certification for Return Following Conditional Release", the same hospital number used for the hospitalization from which the client had been conditionally released should be reactivated.

12. Patients who are rehospitalized are considered involuntarily committed, and as such are subject to all statutes, rules, regulations, policies and procedures that include but are not limited to patient rights; due process; access to appropriate treatment, including psychopharmacology; a safe and secure environment; and treatment in the least restrictive appropriate setting.. Level of supervision should be clinically determined at the time of hospitalization and reviewed as appropriate.

**DIVISION OF MENTAL HEALTH SERVICES
DEPARTMENT OF HUMAN SERVICES**

CERTIFICATION FOR RETURN FOLLOWING CONDITIONAL RELEASE

I, _____, a screener certified by the State of New Jersey to examine
(Name of Screener)
individuals to determine if they are in need of involuntary commitment to psychiatric inpatient care, and
employed for that purpose by _____,
(Name/Address of Designated Screening Center)
a Designated Screening Center as defined in NJSA 30:4-27.4, certify the following:

I have interviewed and reviewed all available records for:

1. Patient's Name: _____
2. Name of hospital from which patient was conditionally released: _____
3. List of conditions: _____
4. Date of conditional release: _____
5. Name, address, and phone number of designated Mental Health Agency (example: ICMS/PACT or other assigned follow-up program): _____
6. Name of case manager (ICMS/PACT) or other designated contact reporting the violation(s): _____
7. Identify the primary source of this information (i.e. mother, police): _____
8. Describe the specific condition(s) violated and the nature of each violation: _____

9. Means by which the patient was brought to the Screening Center: Police _____, Family _____, Agency Personnel _____, Self _____, Residential Provider _____. Transport was authorized by Judge _____ by verbal order at _____ AM/PM on _____, 20____.
10. Evidence of mental illness and dangerousness, including facts, observations, and basis for recommending re-hospitalization: _____

11. Recommendations to the court (can include STCF, County Hospital, State Hospital): _____
12. Name of judge receiving certification: _____
13. Date and time sent or phoned to the judge: _____

I certify that the above information is true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Certified Screener

Date

Certification Number

In the Matter of the Commitment of

State of New Jersey

Superior Court

County of _____

Docket No. _____

**ORDER TO TRANSPORT TO A
SCREENING SERVICE TO ASSESS
NEED FOR TEMPORARY RE-
HOSPITALIZATION FOLLOWING
CONDITIONAL RELEASE**

This matter having been opened to the Court by _____, who was assigned to monitor _____'s compliance with a mental health screening service, and who has notified this court that the subject has violated the conditions of his/her release from civil commitment by:

and the Court having reviewed and considered the notification and the facts alleged by the petitioner, and it appearing to the Court that the subject is in need of evaluation to assess his/her need for involuntary commitment,

It is on this _____ day of _____, 200_, ORDERED that:

1. The subject of this order be transported to a screening service for such evaluation;
and
2. This order shall be immediately transmitted to a State or local law enforcement officer who shall arrange such transportation to the screening service pursuant to NJSA 30:4-27.6c.

(Judge)

In the Matter of the Commitment of _____

State of New Jersey

Superior Court

County of _____

Docket No. _____

ORDER FOR TEMPORARY RE-HOSPITALIZATION FOLLOWING CONDITIONAL RELEASE

This matter having been opened to the Court by _____, a certified mental health screener employed by a screening service designated pursuant to N.J.S.A. 30:4-27.4, by submission of a Certification for Re-hospitalization Following Conditional Release executed on _____, 200_, and the Court having reviewed and considered said certification, attached hereto and made part hereof, and it appearing to the Court that:

1. The subject of the certification was transported to the screening service:
 __by order of Judge _____, which is appended hereto
 __pursuant to N.J.S.A. 30:4-27.6 a. or b.
 __other _____

and

2. The subject's clinical condition, as certified by the screener, is such that s/he is mentally ill and the illness causes the subject to be a danger to self, others, or property based on the following facts:

and

3. It further appears that the patient has failed to meet one or more conditions of release, and for good cause shown,

It is on this _____ day of _____, 200_, ORDERED that:

1. The patient shall be hospitalized at _____, pending a plenary hearing within twenty days of admission to the hospital.*

*Re-hospitalization need not be at the same hospital from which the patient was conditionally released and can be at a short term care facility, state, county, or private psychiatric hospital.

2. This order shall be immediately transmitted to the county adjuster who shall schedule the hearing, and no later than ten days prior to said hearing, serve the patient, and the attorneys, relatives, and other persons who received notice of the next most recent commitment hearing, with notice of the place, date and time of the hearing, and a copy of this Order and attachments, by personal service upon the patient and by regular mail upon all other persons.
3. Nothing herein shall be construed to prohibit the hospital from releasing the patient prior to the hearing, in accordance with N.J.S.A. 30:4-27.17a, either without conditions or upon the same conditions previously ordered by the Court.

(Judge)

Clinical Screening Certificate of
Involuntary Commitments of
Mentally Ill Adults

Type or Print Clearly
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Addiction Services
CLINICAL/SCREENING CERTIFICATE FOR INVOLUNTARY COMMITMENT
OF MENTALLY ILL ADULTS
(Pursuant to N.J.S.A. 30:4-27.1, et seq. and N.J. Court Rule 4:74-7)

If additional space is needed to provide the information requested, additional documents may be attached to this form.

I. Definitions and Legal Standards

New Jersey Court Rule 4:74 states in part that: "...the certificates shall state with particularity the facts upon which the psychiatrist, physician, or mental health screener relies in concluding that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property as defined by N.J.S.A. 30:4-27.2h and .2i, (3) the patient is unwilling to accept appropriate treatment voluntarily after it has been offered, (4) the patient needs outpatient treatment or inpatient care at a short term care or psychiatric facility or special psychiatric hospital, and (5) other less restrictive alternative services are not appropriate or available to meet the person's mental health care need."

Chapter 4 of Title 30 of the New Jersey Statutes states in part that:

1. "Clinical Certificate" is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for involuntary commitment to treatment, and which states that the person is in need of involuntary commitment to treatment. The form shall also state the specific facts upon which the examining physician has based his conclusion and shall be certified in accordance with the Rules of the Court. A clinical certificate may not be executed by a person who is being screened. (N.J.S.A. 30:4-27.2b).
2. "Screening Certificate" means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service. (N.J.S.A. 30:4-27.2y)
3. "Physician" means a person who is licensed to practice medicine in any of the United States or its territories, or the District of Columbia. (N.J.S.A. 30:4-27.2t)
4. "Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology. (N.J.S.A. 30:4-27.2v)
5. "In need of involuntary commitment" or "in need of involuntary commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs. (N.J.S.A. 30:4-27.2m)

6. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need or nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical harm or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2h)
7. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior, and any recent act, threat, or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2i)
8. "Mental Illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgement, capacity to control behavior, or capacity to recognize reality but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome, or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. (N.J.S.A. 30:4-27.2r)
9. "Outpatient treatment provider" means a community-based provider, designated as an outpatient treatment provider pursuant to section 8 of P.L.1987, c.116 (C.30:4-27.8), that provides or coordinates the provision of outpatient treatment to persons in need of involuntary commitment to treatment. (N.J.S.A. 30:4-27.2ii)
10. "Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to section 17 of P.L.2009, c.112 (C.30:4-27.15a) that is to be carried out in an outpatient setting and is prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting. (N.J.S.A. 30:4-27.2jj)
11. "Reasonably foreseeable future" means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached. (N.J.S.A. 30:4-27.2kk)
12. "Any person who is a relative by blood or marriage of the person being screened who executes a clinical certificate, or any person who signs a clinical certificate for any purpose or motive other than for purposes of care treatment, and confinement of a person in need of involuntary commitment to treatment shall be guilty of a crime of the fourth degree." (N.J.S.A. 30:4-27.10e)

The statutes and Court Rule require each certifying psychiatrist or physician to determine whether the patient is in need of involuntary commitment to inpatient treatment or involuntary commitment to outpatient treatment (where available) by considering the screening document (in the case of a

screening commitment) and conducting a face-to-face examination of the patient, either in person or, where permitted by the Division, through telepsychiatry.

II. Certification of Examination and Qualifications

A. I _____, M.D./D.O. of _____
(Street Address)

(City or Town) County State Medical License No. Issuing State

do hereby certify that I personally examined _____
(Name of Patient)
at _____ on _____ from _____ am/pm to _____ am/pm.
(Location) (Date) (Time of Examination)

I am a *psychiatrist* as defined in section I of this document.

I am a *physician* as defined in section I of this document.

B. I am not a relative by blood or marriage of the subject of this certificate and my purpose or motive in executing this certificate is that care and treatment be afforded this individual.

C. If an interpreter assisted in this personal examination, the interpreter's name and title and the patient's primary language are as follows:

(Name) (Title) (Language)

D. Check and complete one of the following options below. This document is being prepared as a:

1. **Screening Certificate** pursuant to N.J.S.A. 30:4-27.5b completed by a psychiatrist affiliated with a screening service (see N.J.S.A. 30:4-27.2y) unless the screening service's contract allows a physician to complete the certificate; (see N.J.S.A. 30:4-27.5b); and

I am a *psychiatrist* as defined in section I of this certificate.

I am a *physician* as defined in section I of this certificate who may complete this certificate pursuant to a contract between the screening service and the Division of Mental Health and Addiction Services.

Or

2. **Clinical Certificate** pursuant to N.J.S.A. 30:4-27.10a (must be the treatment team *psychiatrist* of a patient at an inpatient facility or an outpatient treatment provider for whom a screening certificate has also been completed);

or

3. **Clinical Certificate** pursuant to N.J.S.A. 30:4-27.10b (regarding an individual who has not been referred by a screening service and whose commitment requires two clinical certificates, at least one of which must be completed by a psychiatrist.

- I am a *psychiatrist* as defined in section 1 of this certificate.
 I am a *physician* as defined in section 1 of this certificate.

III. Telepsychiatry (if Telepsychiatry not used, skip to IV)

Telepsychiatry was the means by which the interview with the patient was conducted.

Complete each numbered provision below and initial each statement that applies.

1. ___ The consumer was afforded the opportunity to have an in-person interview; or
___ The consumer elected a face-to-face evaluation but the evaluation was performed by telepsychiatry because waiting for a psychiatrist was clinically contraindicated. Briefly explain:

2. ___ Telepsychiatry was not clinically contraindicated because:

3. ___ I am on the staff of the screening service; or I am under contract with a provider of telepsychiatry services.
4. ___ I hold a full, unrestricted medical license in New Jersey.
5. ___ I am capable of performing all the duties that an on-site psychiatrist can perform, including prescribing medication, monitoring restraints and other related interventions that require a physician's orders or oversight.
6. ___ I am available for discussion of the case with facility staff, and/or for interviewing family members and others, as the case may require.

IV. Patient Identification and Information

1. Patient's identifying data:

Social Security No. _____ DOB: _____

Marital Status: _____ Telephone No. _____

Driver's License: _____ State Issued: _____

Address: _____

Next of Kin (for County Adjuster court hearing notification purposes only):

(Name)

Next of kin contact information:

(Address) (Phone No.)

Education (Highest Grade Completed): _____ Employment or Occupation: _____

2. Psychiatric Advance Directive:

The patient does not have a Psychiatric Advance Directive (PAD) (go to 3.);

It could not be determined after a reasonable inquiry whether the patient has a PAD (go to 3.);

The patient claims to have a PAD, but after a reasonable search it has not been found (go to 3); or

The patient has a PAD which is appended hereto.

The PAD names _____ to act as a Mental Health Care Representative.

The PAD does not name a Mental Health Care Representative.

3. Patient's presenting conditions:

a. Medical Conditions: _____

Treating Physician: _____

Medications: _____

Source(s) of the information: _____

- b. Presenting psychiatric condition, current psychiatric treatment, medication and any recent changes:

Source(s) of the information: _____

- c. Recent stressors:

Source(s) of the information: _____

- d. Substance use (type and treatment)

Source(s) of the information: _____

- e. Prior psychiatric hospitalizations or voluntary outpatient treatment (types and dates if known):

Source(s) of the information: _____

- f. Prior medical and psychiatric diagnoses:

Source(s) of the information: _____

- g. Prior treatment by an outpatient provider pursuant to a commitment for outpatient treatment, if any; identifying dates of treatment; provider; any barriers to treatment; and significant outcomes:

Source(s) of the information: _____

V. Results of Personal Examination

1. Present Mental Status:

a. Appearance and Attire:

b. Attitude and Behavior:

c. Affect and Mood:

d. Association and Thought Processes:

e. Thought Content:

f. Perception:

g. Sensorium, Memory and Orientation:

h. Intellectual Functioning:

i. Insight and Judgment:

2. Description of physical findings (include physical status, vital signs, laboratory data):

VI. Conclusions

1. Provisional Diagnoses from current Diagnostic and Statistical Manual:

Psychiatric and Substance Use Diagnosis/Diagnoses:

Other Diagnoses:

I certify that the patient will be dangerous to self (*complete item VI.2*) and/or others or property (*complete item VI.3*) in the foreseeable future because of a mental illness as defined in section I.

2. Dangerous to Self:

If you have concluded that this patient is dangerous to self, answer the items in (a), (b), and/or (c) below that are relevant to the patient's condition, giving the sources of information by name and title or relationship to patient, or cite the document. Give details, including history, recent threats, dates and situations surrounding any attempts; i.e. was patient taking medication, under supervision of a community treatment program, in the hospital, was there a precipitating crisis?

a. The patient has threatened or attempted to commit suicide (when and how, if known):

Source(s) of the information: _____

b. The patient has threatened or attempted serious bodily harm to himself/herself as follows:

Source(s) of the information: _____

- c. The patient has behaved in the following manner which indicates that he or she is unable to satisfy his/her need for nourishment essential medical care shelter:

and

The patient is not able to satisfy the needs listed in (c) above with the supervision and assistance of others who are willing and available.

Source(s) of the information: _____

3. Dangerous to Others or Property

If you have concluded that this patient is dangerous to others or property, answer the items below, giving the sources of information by name and title or relationship to patient, or cite the document. State all facts, observations or information upon which you base your conclusion that the patient, if not committed, would be substantially likely to inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future:

- a. History of Dangerous Behavior:

Source(s) of the information: _____

- b. Recent behavior (state date(s) of behavior)

Source(s) of the information: _____

4. State alternatives to involuntary treatment that were considered and why other services are not appropriate or available to meet the patient's mental health care needs. Be specific. If information contained in the screening document is relied on, please refer to specific item number in that document.

5. I am aware of the standard for involuntary commitment as defined in section I above. The following checked statements are true:

- I personally examined this patient.
- This patient suffers from a mental illness as defined in section I of this form.
- This patient, if not committed, would be a danger to self and/or others or property by reason of mental illness in the foreseeable future.
- This patient is unwilling to be admitted to the required treatment program or facility voluntarily for care.

If you have checked all the boxes in number 5 (or the first three if the patient has consented to admission to a short term care facility), proceed to Disposition in section VII. If not, refer back to Screener for referral and follow-up.

VII. Disposition

1. If the patient is to receive services in a county that has not yet designated an outpatient commitment program, or if the program exists but has no openings:

- The danger s/he presents is imminent.
- Although the danger s/he presents is not imminent, this patient is in need of care at a psychiatric inpatient unit because other services are not appropriate or available to meet the person's mental health care needs.

2. If the patient is to receive services in a county that has a functioning outpatient commitment program, choose one of the two options below.

- In my professional judgment, the danger is imminent, or outpatient treatment is either not available or would not be sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, or the patient does not have a history of responding to treatment, and my recommendation is commitment to the least restrictive available inpatient facility.

Or

- In my professional judgment, the danger is foreseeable, but not imminent, and my recommendation is commitment to an available outpatient program provided by:

The following are essential elements of any treatment plan implemented with this patient by an outpatient treatment provider:

medication monitoring @ _____
group therapies: _____
individual therapy @ _____
case management _____
residential supervision _____

(Describe intensity of supervision required)

other services and programs required to maintain or lessen current level of dangerousness:

VIII. Certification

I certify that the foregoing statements made by me are true.

I further certify that this patient is medically stable and is not in primary need of a medical or nursing home level of care at this time.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Psychiatrist/Physician's Signature

IX. Change of Patient Status and/or Location

Please complete section A, B, or C to the fullest extent possible and forward to the appropriate county adjuster.

CURRENT Status (check one)

- | | |
|--|--|
| <input type="checkbox"/> Committed to Outpatient Treatment | <input type="checkbox"/> Conditional Extension Pending Placement |
| <input type="checkbox"/> Committed to Inpatient Treatment | <input type="checkbox"/> Conditional Discharge |
| <input type="checkbox"/> Voluntary | <input type="checkbox"/> Consensual |

Current psychiatric hospital and unit or outpatient provider: _____

A. Change of Patient Status

PROPOSED status (check one)

- | | |
|--|---|
| <input type="checkbox"/> Committed to Outpatient Treatment | <input type="checkbox"/> Committed to Inpatient Treatment |
|--|---|

(new screening certificates must be attached if current status is CEPP, Conditional Discharge, voluntary or consensual)

- | | | |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditional Extension Pending Placement | <input type="checkbox"/> Voluntary | <input type="checkbox"/> Consensual |
|--|------------------------------------|-------------------------------------|

Judge who entered order now in effect and date:

Hon. _____ (Name) _____ (Date)

Copy of most recent court order must be attached.

B. Change of Location (complete this section if the program with responsibility for a patient's care is proposing a transfer to a different location for treatment).

1.a. The patient's attorney's name: _____

b. Date and manner of notification to patient's attorney of his application:

_____ Date _____ (email, telephone, certified mail, fax, personal)

If patient is being transferred before an initial hearing, this notice must occur at least 24 hours before the transfer occurs.

2. Check all that apply:

- Patient has insufficient financial resources to remain in current inpatient unit.
- Patient needs longer term inpatient treatment than present hospital offers.
- Patient needs program available at receiving hospital or program and NOT available at current facility or through current program.
- Patient requests transfer.
- Patient's family requests transfer.
- Other reason _____

Other information regarding patient's legal or hospitalization status:

(Signature) (Name Printed) (Title)

(Date)

C. *Change from inpatient to outpatient commitment or from outpatient to inpatient commitment*

(Complete either SECTION 1 or 2)

1. If requesting a change from outpatient to inpatient commitment, describe:
 - a. behaviors that indicate increased risk of danger (attach incident or police reports as available) such that dangerousness due to mental illness is both foreseeable and imminent:

 - b. treatments attempted or ruled out

c. connection of danger to mental illness

d. The consumer

is materially compliant with the treatment plan approved by the court but no modification of the treatment plan has been sufficient to reduce dangerousness.

is not materially compliant with the treatment plan approved by the court and a modification of the treatment plan would be insufficient to reduce dangerousness. Explain, including any attempts to modify the plan or the patient's compliance:

Treating Psychiatrist Printed Name Date and Time

I concur that the consumer requires inpatient treatment at this time.

Screening Psychiatrist Printed Name Date and Time

2. If requesting change from inpatient to outpatient, describe:

a. behaviors that indicate decreased risk of danger (attach treatment notes as appropriate)

b. treatment available at outpatient treatment program that program has agreed to provide:

c. CEO or a person designated by the CEO initiated Conversion on

(Date)

d. The patient

is still dangerous because of mental illness and unwilling to cooperate with treatment, but the danger is no longer imminent

never presented an imminent danger but a program opening has developed that was not available at the time of the original commitment order.

Treating Psychiatrist

Printed Name

Date and Time

X. For County Adjuster

If only a change in location is recommended, the adjuster is directed to amend the location in the notice of hearing and any appropriate financial records to reflect the change to:

(New Location)

If change of status is requested, the adjuster is directed to submit this request with original commitment papers to the courts and set down for a hearing in compliance with the statutes and court rule.

Civil Commitment Order and
Clinical Screening Certificate of
Involuntary Commitments of
Mentally Ill Minors

PLEASE PRESS FIRMLY - YOU ARE MAKING FIVE COPIES

State Of New Jersey
Superior Court - Law Division



CIVIL COMMITMENT ORDER
Rule 4:74-7 Rule 4:74A

CASE INFORMATION

HOSPITAL NAME	COUNTY
PATIENT NAME	DOCKET NUMBER
PATIENT IS A(N): <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Adult (N.J.S.A. 30:4-27.1 et seq.) <input type="checkbox"/> Minor	Hearing Type: <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> CEPP

ORDER

The above-entitled matter being presented to this Court on this _____ day of _____
 _____, it is here ORDERED that: (Day) (Month)
 (Year)

- Commitment is continued. Next hearing to be scheduled _____.
- Voluntary admission is approved / continued, review hearing to be scheduled _____
 (Applies only to Minors)
- Voluntary admission / conversion is approved [Rule 4:74-7(g)]. (Applies only to Adults.)
- Conditional extension pending placement is approved / continued [Rule 4:74-7(h)].
 Placement Review hearing to be scheduled _____
- Patient to be conditionally discharged. (Specify conditions below.)
- Patient to be discharged.

And it is FURTHER ORDERED that:

ATTORNEY FOR PATIENT (NAME)	JUDGE (SIGNATURE)
ATTORNEY FOR COUNTY/STATE (NAME)	JUDGE (NAME)

Type or Print Clearly

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health Services

CLINICAL CERTIFICATE FOR INVOLUNTARY COMMITMENT OF MINORS
(PURSUANT TO R.4:74-7A)

If additional space is needed to provide the information requested, additional documents may be attached to this form.

A final order of commitment may be entered pursuant to R.4:74-7A(b)(4) if the court finds that:

- (a) the minor suffers from "childhood mental illness";
- (b) the childhood mental illness causes the minor to be dangerous to self, others or property as defined by N.J.S.A. 30:4-27h and -27.2i (all minors) or R.4:74-7A(a)(3) (minors under fourteen); and
- (c) the minor is in need of intensive psychiatric treatment that can be provided at a psychiatric facility, special psychiatric hospital, or children's crisis intervention service and which cannot be provided in the home, the community or on an outpatient basis. (R.4:74-7A(b)(4)).

DEFINITIONS

A "minor" is a person who has not yet reached the age of eighteen. (R.4:74-7A(a)(1)).

"Childhood mental illness" means a current substantial disturbance of thought, mood, perception or orientation which differs from that which is typical of children of a similar developmental stage, and which significantly impairs judgment, behavior or capacity to recognize reality when also compared with children of a similar developmental stage. A seizure disorder, a developmental disability, organic brain syndrome, physical or sensory handicaps, or brief periods of intoxication caused by alcohol or other substances is not sufficient by itself to meet the criteria for childhood mental illness. (R.4:74-7A(a)(2)).

For any minor...

- "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat. (N.J.S.A. 30:4-27.2i)
- "Dangerous to self" means that by reason of mental illness, the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his or her need for nourishment, essential medical care or shelter, so that it is probable that substantial

bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future. No person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. (N.J.S.A. 30:4-27.2h)

For minors under fourteen years of age ...

"Dangerous to self" may also mean that by reason of childhood mental illness there is a substantial likelihood that the failure to provide immediate, intensive, institutional, psychiatric therapy will create in the reasonably foreseeable future a genuine risk of irreversible or significant harm to the child arising from the interference with or arrest of the child's growth and development and, ultimately, the child's capacity to adapt and socialize as an adult. (R.4:74-7A(a)(3))

I, _____, M.D. of _____,
D.O. Street Address

_____ City or Town County State Medical License No.

issued by _____ do hereby certify that I personally examined
(State)

_____ at _____
(name of minor) (location)
on _____ from _____ am/pm to _____ am/pm.
(date) (length of examination)

I am not a relative by blood or marriage of this minor and my purpose or motive in executing this certificate is that care and treatment be afforded this individual.

If an interpreter assisted in this personal examination, the interpreter's name and title are as follows: _____

1. Minor's identifying data: Social Security No. _____

Date of Birth _____ Marital Status _____

Telephone # (when available) _____

Address:

Next of kin (for County Adjuster court hearing notification purposes only):

Education (Highest Grade Completed): _____

Employment _____

2. List facts, circumstances or reports related to minor's present condition: (Give source(s) of the information by name, title, relationship or document.)

Medical conditions: _____

Treating Physician: _____ Medication: _____

Present psychiatric treatment, medication and any recent changes:

Recent stressors: _____

Substance Abuse (type and treatment): _____

3. Prior psychiatric hospitalizations (types, numbers and dates, if known):

Prior medical and psychiatric diagnoses: _____

4. Present Mental Status (from personal examination):

appearance and attire _____

attitude and behavior _____

affect and mood _____

association and thought processes _____

thought content _____

perception _____

sensorium, memory and orientation _____

intellectual functioning _____

insight and judgment _____

5. Description of physical findings (include physical status, vital signs, laboratory data):

6. Provisional Diagnoses from current Diagnostic and Statistical Manual:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

7. State alternatives to involuntary hospitalization that were considered and why the minor needs intensive psychiatric treatment which cannot be provided in the home, the community or on an outpatient basis. Be specific. (If information contained in a screening document is relied on, please attach copy.)

8. **Dangerous to Self**

If you have concluded that this minor is "dangerous to self", answer the items in (a) and (b) below, giving the sources of information by name, title and document:

(a) List below all facts, observations or information that support whichever conclusions you have formed about this minor:

(1) the minor has threatened or attempted to commit suicide;

or

(2) the minor has threatened or attempted serious bodily harm to himself/herself:

or

(3) the minor has behaved in such a manner as to indicate that he or she is unable to satisfy his/her need for;

(A) nourishment: _____

(B) essential medical care: _____

(C) or shelter. _____

If you have affirmatively answered (3) (A), (B) or (C) immediately above, please indicate whether the minor is able to satisfy the needs listed in (3) above with the supervision and assistance of others who are willing and available. () Yes () No

or

(4) the minor is under fourteen years of age and that there is a substantial likelihood that the failure to provide immediate, institutional, psychiatric therapy will create in the reasonably foreseeable future a genuine risk of irreversible or significant harm to the child arising from the interference with or arrest of the child's growth and development and, ultimately, the child's capacity to adapt and socialize as an adult:

- (b) If you have concluded that this minor is dangerous to self (by affirmatively answering (a) (1) (2) or (3) above), in your judgment, is it probable that substantial bodily injury, serious physical debilitation or death will result to the minor within the reasonably foreseeable future due to the behaviors identified? Yes No

9. Dangerous to Others or Property

If you have concluded that this minor is "dangerous to others or property", answer the items below, giving the sources of information by name, title and document:

State all facts, observations or information upon which you base your conclusion that the minor, if not committed, would, to a substantial likelihood, inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future:

(a) history of dangerous behavior: _____

(b) recent behavior (state date(s) of behavior). _____

10. I am aware of the standards for involuntary commitment as defined on Pages 1 and 2 above. The following checked statements are true:

- a. I personally examined this minor. ()
- b. This minor suffers from a childhood mental illness as defined on page 1 of this form. ()
- c. This minor, if not committed, would be a danger to self or others or property by reason of such mental illness. ()
- d. This minor is unwilling or ineligible to be admitted to a facility voluntarily for care. ()
- e. This minor is in need of care at a psychiatric inpatient unit because other services are not appropriate or available to meet the minor's mental health care needs. ()

11. I have carefully reviewed the information in the foregoing paragraphs and am aware of the standards for involuntary commitment. In my opinion:

- a. This minor suffers from a childhood mental illness and
- b. This minor is under fourteen years of age and, if not committed, would be a probable danger to self or others due to such childhood mental illness. I understand that danger to self as applied to this minor may include the substantial likelihood that the failure to provide immediate, intensive, inpatient psychiatric therapy, which cannot be provided in the home, the community or on an outpatient basis, will create in the reasonably foreseeable future a genuine risk of irreversible or significant harm to the child's growth and development and, ultimately, the child's capacity to adapt and socialize as an adult.

or

This minor is at least fourteen years of age and under eighteen years and probably a danger to self or others due to such childhood mental illness.

Certification

I certify that the foregoing statements made by me are true.

I further certify that this minor is medically stable and is not in primary need of a medical unit level of care at this time.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Psychiatrist/Physician's Signature

Minor's Hospitalization Status

This page only needs to be completed and signed if the minor who is the subject of this clinical certificate is currently on committed, voluntary, CEPP, seven day parental or conditional discharge status as a result of a psychiatric hospitalization. The information requested below may assist a judge reviewing a clinical certificate for such a minor regarding the issuance of his/her temporary court order. The individual completing this page may be either the psychiatrist/physician completing the certificate or a hospital/agency employee knowledgeable regarding these issues. Please complete this page to the fullest extent possible.

- 1. Status (circle one)
 Committed Voluntary Conditional Extension Pending Placement
 Seven Day Parental Conditional Discharge
 (Some questions below may not apply)

2. The minor's current psychiatric hospital and unit _____

3. Judge who entered prior order and its date _____

4. a. The minor's attorney's name _____

b. Identify date on which notice of this commitment application to court has been given to the minor's attorney and in what manner it was given (for example, telephone, fax, etc.): _____

If this commitment will result in the transfer of this minor to another psychiatric unit or facility, check all that apply:

- () Minor has insufficient resources to remain in current hospital unit.
- () Minor needs longer term treatment than this hospital offers.
- () Minor needs program available at receiving hospital.
- () Minor requests transfer.
- () Minor's family requests transfer.
- () Other reason _____

Other information regarding minor's legal or hospitalization status _____

 Signature Name Printed Title Date

Department of Human Services -
Division of Mental Health
Services - Screening Centers



DEPARTMENT OF HUMAN SERVICES
 DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

DESIGNATED SCREENING SERVICES IN NEW JERSEY
 (for psychiatric emergencies, crisis intervention services, information and referral)

Primary Screening Service in Each County

Affiliated Emergency Services (AES) - Affiliated with Primary Screening Service

(Please contact paula.turek@dhs.nj.gov with any changes)
 (Updated: July 17, 2023)

County	Hospital/Agency	Address	City	24 Hour Hotline	Coordinator/Dir./Manager	Email Address
Atlantic	Psych Intervention Program @ Atlanticare Reg'l Medical Ctr	1925 Pacific Ave	Atlantic City 08401	609-344-1118	Sharon Repko 609-404-7330	Sharon.repko@atlanticare.org
Bergen	Care Plus NJ Inc @ New Bridge Medical Center	230 East Ridgewood Ave	Paramus 07652	201-262-4357	Lisa Montuore 201-262-7108	lisamo@careplusnj.org
Burlington	Legacy Treatment Services	1289 Route 38 West (NOTE: No psychiatric services are offered at this address; please contact the 24-hour hotline number for assistance)	Hainesport 08036	609-835-6180	Samantha Kunz 609-288-3161 Melissa Hansbury 609-835-6180	skunz@legacytreatment.org mhansbury@legacytreatment.org
Camden	Oaks Integrated Care	501 Cooper Landing Road	Cherry Hill 08002	856-428-4357	Cheryl Williams 856-428-4357 x54008	Cheryl.williams@oaksintcare.org
Cape May	Acenda Integrated Health	2 Stone Harbor Blvd	Cape May Court House 08210	609-465-5999	Michelle Myles 844-422-3632 x2245	mmyles@acendahealth.org
Cumberland	Cumberland Co Guidance Ctr @ Inspira Medical Centers, Inc.	425 Bank Street	Bridgeton 08302	856-455-5555	Elvira Smith 856-825-6810 x317	esmith@ccgnj.org

DESIGNATED SCREENING SERVICES IN NEW JERSEY
(for psychiatric emergencies, crisis intervention services, information and referral)

Primary Screening Services in Each County

Affiliated Emergency Services (AES) - Affiliated with Primary Screening Service

(Page 2 of 3)

County	Hospital/Agency	Address	City	24 Hour Hotline	Coordinator/Director/Manager	Email Address
Essex	Clara Maass Medical Center	1 Clara Maass Drive	Bellville 07109	973-844-4357	Saba Daneshyar – 973-844-4120	saba.daneshyar@rwjbh.org
Essex	Newark Beth Israel Med Center	201 Lyons Ave	Newark 07112	973-926-7444	Mahtab Ayatollahi 973-926-4369	mahtab.ayatollahi@rwjbh.org
Essex	University Behavioral Health Care	183 South Orange Ave	Newark 07101	973-623-2323	Greg Fitzpatrick 732-235-5150	fitzpapg@ubhc.rutgers.edu
Gloucester	Acenda Integrated Health	42 South Delsea Drive	Glassboro 08028	856-845-9100	Sharon Veneziale - 856-494-8160	sveneziale@acendahealth.org
Hudson	Jersey City Medical Center	355 Grand St.	Jersey City 07302	866-367-6023	Silvana Gomez 201-915-2268	silvana.gomez@rwjbh.org
Hudson	Palisades Medical Center (AES)	7600 River Rd	N. Bergen 07047	201-854-5760	Jenny Lozano-Rivera 201-295-4824	Jenny.lozanorivera@hmhn.org
Hudson	Christ Hospital (AES)	176 Palisade Ave	Jersey City 07306	201-795-8374	Saadia Parvez, 201-795-8373	saadia.parvez@carepointhealth.org
Hudson	Hoboken Univ. Medical Center (AES)	308 Willow Ave	Hoboken 07030	201-418-2090	Javier Munoz 201-418-1892	javier.munoz@carepointhealth.org
Hunterdon	Hunterdon Medical Center Emergency Svcs Behavioral Health	2100 Wescott Drive	Flemington 08822	908-788-6400	Al Bassetti 908-788-2584	abassetti@hhsnj.org
Mercer	Capital Health Regional Medical Center	750 Brunswick Ave	Trenton 08638	609-396-4357/ 609-989-7297	Cristina DeSalvo (609) 815-7709	CDeSalvo@capitalhealth.org
Middlesex	University Behavioral Health Care	671 Hoes Lane	Piscataway 08855	732-235-5700	Sharon Smith-Kemper 732-235-8420	smithksh@ubhc.rutgers.edu
Middlesex	Raritan Bay Medical Center (AES)	530 New Brunswick Ave	Perth Amboy 08861	732-324-5289	Shawn Smith 732-324-5094	Shawn.smith@hmhn.org
Monmouth	Monmouth Medical Center	300 Second Ave	Long Branch 07740	732-923-6999	Douglas Hoffman 732-923-6999	Douglas.hoffman@rwjbh.org
Monmouth	Centra State Medical Center (AES)	901 W. Main Street	Freehold 07728	732-294-2595	Mary Sunder 732-294-2806	msunder@centrastate.com
Monmouth	Jersey Shore Univ. Medical Ctr (AES)	1945 Route 33	Neptune, 07753	732-776-4555	Kelly Smith 732-776-4081	KellyA.Smith@hmhn.org
Monmouth	Riverview Medical Center (AES)	1 Riverview Plaza	Red Bank, 07701	732-219-5325	Carly Dawson 732-450-2878	carly.dawson@hmhn.org

DESIGNATED SCREENING SERVICES IN NEW JERSEY
(for psychiatric emergencies, crisis intervention services, information and referral)

Primary Screening Services in Each County

Affiliated Emergency Services (AES) - Affiliated with Primary Screening Service

(Page 3 of 3)

County	Hospital/Agency	Address	City	24 Hour Hotline	Coordinator/Director/Manager	Email Address
Morris	Prime Healthcare Services - Saint Clare's, LLC	25 Pocono Road	Denville 07834	973-625-6160	Kimberly Donnenberg 973-625-6463	kimberlydonnenberg@primehealthcare.com
Morris	Morristown Memorial Hospital (AES)	100 Madison Avenue	Morristown 07962	973-540-0100	Karen Santangelo 973-971-7911	Karen.santangelo@atlantichhealth.org
Morris	Chilton Medical Center (AES)	97 West Parkway	Pompton Plains 07444	973-831-5078	Damien Hoffman 908-522-2775	Damien.hoffman@atlantichhealth.org
Ocean	Monmouth Medical Center South	600 River Avenue	Lakewood 08701	866-904-4474/ 732-886-4474	JoAnn Jason 732-961-2340 Joe Cuffari	joann.jason@rwjbh.org Joe.Cuffari@rwjbh.org
Passaic	St. Joseph's Hospital Health Care System	703 Main Street	Paterson 07514	973-754-2230	Danielle Granados 973-754-3575 or 3756	Granadod@sjhmc.org
Passaic	St. Joseph's Hospital Health Care System (AES)	703 Main Street	Paterson 07514	973-754-2230	Narine Kaprelian 973-754-2831	kapreliann@sjhmc.org
Salem	Healthcare Commons Inc @ Salem Medical Center	310 Woodstown Road	Salem 08079	856-299-3001	Laura Taylor 856-299-3200 x113	l.taylor@hcommons.com
Somerset	Bridgeway Rehabilitation Inc.	282 East Main Street	Somerville, 08876	908-526-4100	Allison MacFadyen 908-526-4100	Allison.MacFadyen@bridgewayrehab.org
Sussex	Newton Medical Center	175 High St	Newton 07860	973-383-0973	Paul Burns 973-579-8627	Paul.burns@atlantichhealth.org
Union	Trinitas Regional Medical Center/RWJ Barnabas	655 East Jersey St	Elizabeth 07206	908-994-7131	Dana Melici 908-994-7171	Dana.Melici@rwjbh.org
Union	Overlook Medical Center (AES)	99 Beauvoir Road	Summit, 07901	973-831-5078	Damien Hoffman 908-522-2775	damien.hoffman@atlantichhealth.org
Union	Rahway Hospital (AES)	865 Stone Street	Rahway, 07065	732-381-4949 732-499-6165	Tina Butler 732-499-6166	Tina.butler@rwjbh.org
Warren	Center for Family Services	370 Memorial Parkway	Phillipsburg 08865	908-454-5141	Julie Farneski 908-454-4470 x301	julie.farneski@centerffs.org

Short Term Care Facilities (STCF)

Short Term Care Facility Directory

STCF	STCF Manager/E-mail address	Address	Phone	Beds by county
AtlantiCare Regional Medical Center +	Nadege Jamison Nadege.Jamison@atlanticare.org	1 Pines Jimmie Leeds Road Pomona, NJ 08240	609-748-4039 609-652-3442	*32 = 27 Atlantic 5 Cape May
Bergen New Bridge Medical Center +	Denise Smyth dsmyth@newbridgehealth.org	230 East Ridgewood Ave. Paramus, NJ 07652	201-967-4000 x5982	40 Bergen
Capital Health Regional Medical Center +	Lisa McCormick lmccormick@capitalhealth.org	750 Brunswick Ave 3-Front South (Fuld) Trenton, NJ 08638	609-394-6106	*21 = 15 Mercer 1 Hunterdon 5 Somerset
CentraState Medical Center +	Cheryl Craig ccraig@centrastate.com	901 W. Main St. Freehold, NJ 07728	732-294-2858	*7 Monmouth
Clara Maass Medical Center	barbara williams Barbara.Williams1@rwjbh.org	One Clara Maass Dr. Belleville, NJ 07109	973-844-4355 973-450-2111	20 Passaic
Hackensack Meridian - Raritan Bay Medical Ctr (Perth Amboy Division)	Fedner Joseph Fedner.joseph@hmhn.org	530 New Brunswick Ave. Perth Amboy, NJ 08861	732-324-6038	10 Middlesex
Inspira Health Center – Bridgeton +	Melisa Walker WalkerM@ihn.org	333 Irving Ave. Bridgeton, NJ 08302	856-575-4166	*23 = 17 Cumberland 6 Salem
Inspira Health Center – Woodbury +	Arielle Irvin irvinA@ihn.org	509 North Broad St. Woodbury, NJ 08096	856-845-0100 X45327	*11 Gloucester
Jersey City Medical Center	Pamela Santiago Pamela.Santiago@rwjbh.org	355 Grand St Jersey City, NJ 07302	201-915-2000 x3279 201-725-1635	21 Hudson
Jersey Shore University Medical Center	Clare Cinelli clare.cinelli@hmhn.org	1945 Corlies Ave. Neptune, NJ 07754	732-776-4361 732-776-3747	*3 Ocean
Jefferson Health/Kennedy University Hospital +	Jennifer Ferrell Jennifer.ferrell2@jefferson.edu	2201 Chapel Ave. Cherry Hill, NJ 08002	856-532-6160 Cell 856-298-5918	*22 Camden
RWJ Barnabas Behavioral Health Center	Kimberly McCann Kimberly.McCann@rwjbh.org	1691 Rt. 9 Toms River, NJ 08754	732-914-3836	*31 Ocean
Monmouth Medical Center+	Jessica Mandle Jessica.Mandle@rwjbh.org	300 Second Ave. Long Branch, NJ 07740	732-923-6901 732-923-6904	25 = 19 Monmouth 6 Middlesex

Short Term Care Facility Directory

STCF	STCF Manager/E-mail address	Address	Phone	Beds by county
Mountainside Hospital	Connie Booth Connie.booth@mountainsidehosp.com	1 Bay Ave. Montclair, NJ 07042	973-429-6261	*4 Essex
Newark Beth Israel Medical Center/ Barnabas	Jennifer Wang Jennifer.Wang2@rwjbh.org	201 Lyons Ave. Newark, NJ 07112	973-926-3183	12 Essex
Newton Medical Center+	Doug Cook (INTERIM) Douglas.cook@atlanticealth.org	175 High St. Newton, NJ 07860	973-579-8550	*6 = 4 Sussex 2 Warren
Princeton House +	Stephanie Dove-Tieku Stephanie.dovetieku@penmedicine.upenn.edu	905 Herrontown Rd. Princeton, NJ 08540	609-497-2665 609-216-1595	21 = 12 Middlesex 7 Somerset 2 Hunterdon
Carewell Health/East Orange General Hospital	Angela Spence angela.spence@carewellhealth.org	300 Central Ave. East Orange, NJ 07018	973-266-4456 973-266-8440	*19 Essex
St. Clare's/Prime Healthcare System+	Theresa Murray tmurray2@primehealthcare.com	130 Powerville Rd. Boonton Twp, NJ 07005	973-970-0042	22 Morris
St. Michael's Medical Center +	Reinaldo Montero rmontero@primehealthcare.com	111 Central Ave. Newark, NJ 07102	908-565-3050 908-538-2548	*6 Essex
Trinitas Regional Medical Center +	Tara Benigno Tara.Benigno@rwjbh.org	655 East Jersey St. Elizabeth, NJ 07206	908-994-7171	27 Union
University Hospital	Owuor, Emmanuel owuoreo@uhnj.org	150 Bergen St. Newark, NJ 07103	973-972-7722	*12 Essex
Virtua Hospital – Willingboro (Lourdes)	Kimberly Briggs kbriggs@virtua.org	218 Sunset Rd. Willingboro, NJ 08056	609-835-5773 856-669-1976	*15 Burlington
* = blended unit; + = outside area				410 beds total

Memo - Chief Justice Robert N.
Wilentz - Improved Civil
Commitment Procedures

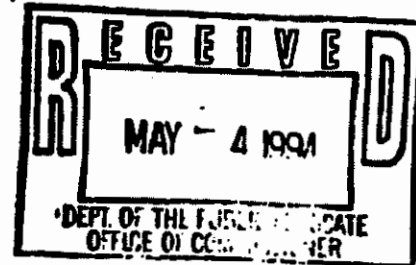
SUPREME COURT OF NEW JERSEY



ROBERT N. WILENTZ
CHIEF JUSTICE

257 MONMOUTH ROAD
OAKHURST, NEW JERSEY 07755

April 27, 1994



MEMORANDUM TO: Assignment Judges

FROM: Chief Justice Robert N. Wilentz

SUBJECT: Improved Civil Commitment Procedures -- Report of Committee to Evaluate Public Advocate's Civil Commitment Proposals

In the Fall of 1993, then-Public Advocate Zulima Farber wrote to me expressing several concerns about the scheduling and conduct of involuntary civil commitment hearings throughout the State. As you will recall, I appointed a small committee of Assignment Judges, chaired by Judge DeSimone, to meet with the Public Advocate, consider the issues raised and the proposals put forth as solutions, and to provide me with recommendations as to implementation. That meeting took place on February 3, 1994, and resulted in the attached report.

I have read the Committee's report, and concur in its recommendations. Accordingly, I ask

- that CEPP hearings be broken out and scheduled separately from initial and review hearings. As noted in the report, these may require one or more additional hearing days at some institutions, or perhaps a morning calendar of initial and review hearings with CEPP hearings held in the afternoon. Please advise your County Adjusters accordingly.
- that you remind those judges actually handling the commitment hearings to be sensitive to the number of cases on each calendar. If, even after

separating CEPP from initial and review hearings, calendars are still (or become) so large as to effectively do away with the due process protections of an adversarial hearing, then additional hearing days may be necessary.

that you remind the commitment judge or judges in your vicinage that the hearings are final judicial proceedings in which the Rules of Court and Rules of Evidence apply; that findings and conclusions are to be placed on the record for each matter heard; and that the facilities should be large enough to accommodate all necessary parties and arranged in such a way as to foster the formality appropriate to a judicial proceeding.

With respect to the latter point, I have written to Commissioner Waldman of the Department of Human Services to let him know of our concerns and to advise that we are merely proposing that, at a minimum, the hearing room be of adequate size and provided with an American flag and a separate chair for witnesses. If you deem the hearing rooms in the institutions for which your vicinage is responsible for conducting the hearings to be inadequate, I would ask that you or your designee work with the appropriate institutional representative to improve the facilities as needed to ensure security, comfort and decorum.

In my letter to Commissioner Waldman, I also noted my support for the proposed amendment to *R 4:74-7*, as contained in the report of Civil Practice Committee, that would require the preparation of a written report, two days prior to the hearing, by the expert testifying at the CEPP, initial or review hearing.

Finally, I have directed the AOC to put into place an annual half-day training program for judges taking on the civil commitment assignment. The program will be held in early September, when the rotational assignments at the State institutions change. All judges who may be called upon to handle commitment hearings -- and not just those covering hearings at the State institutions -- should attend. The Public Advocate and the Director of the Division of Mental Health Advocacy have agreed to participate in developing and conducting the training. Several experienced commitment judges will also be invited to contribute to the program.

I am sending copies of this memo directly to those judges who have been identified as handling commitment hearings at various public and private institutions. Please make sure any other judges who also handle such assignments in your vicinage get copies as well.

April 27, 1994

Page 3

Please make sure any other judges who also handle such assignments in your vicinage get copies as well.

I know you share my concern for improving the quality of civil commitment hearings, and I appreciate your cooperation in carrying out the recommendations of the attached report.

R.N.W.

/amb

Attachment

c: Hon. Susan Reisner, Acting Public Advocate
Hon. Ernest Alvino (retired, on recall)
Hon. Frances Cocchia (retired, on recall)
Hon. H. Jonathan Fox (retired, on recall)
Hon. Raymond Hayser, J.T.C.
Hon. Marilyn Rhyne-Herr, J.S.C.
Hon. Frederick Weber (retired, on recall)
Robert D. Lipscher, Administrative Director
of the Courts
Trial Court Administrators
Jane F. Castner, Assistant Director for
Civil Practice, AOC

REPORT OF COMMITTEE TO EVALUATE PUBLIC ADVOCATE'S CIVIL COMMITMENT PROPOSALS

In Fall 1993, then-Public Advocate Zulima Farber wrote to the Chief Justice making five suggestions to improve involuntary civil commitment proceedings:

1. The physical location of the hearings should appropriately reflect their nature and quality.
2. All applicable procedures and rules should be strictly followed at initial review and conditional extension pending placement (CEPP) hearings.
3. Judges should place on the record their factual findings and legal conclusions.
4. Schedule CEPP hearings separately from initial and review hearings at the large hospitals for greater efficiency and focus.
5. Limit the maximum number of hearings per day to a reasonable number.

These suggestions, along with the AOC's analysis of and recommendations on each, were discussed at the January 13, 1994 CJ/AJ meeting. Because there was some disagreement over the need to limit the number of hearings per commitment calendar, the Chief Justice asked Judges DeSimone, Humphreys and Stanton to meet with the Public Advocate and to develop a course of action in response to her five suggestions.

The group met on February 3, 1994. In attendance were: Judges DeSimone and Stanton; Acting Public Advocate Susan Reisner; Director of the Division of Mental Health Advocacy Alma Saravia; and Jane Castner and Robert Piscopo from the AOC's Civil Practice Division. At that time, the group discussed the Public Advocate's five suggestions, as well as information on civil commitment hearings received from Judges Stanton (re Marlboro), Beglin (re Marlboro), Lawson (re Brisbane Child Treatment Center), and Freedman (re Marlboro). Copies of these letters are attached.

The group reached consensus on the following:

- The issue of adequate hearing rooms is not within the direct purview of the Judiciary, but rather is the responsibility of the institution's director. Commitment judges, however, should be sensitive to the facilities provided. If these are perceived to be inadequate or not arranged to foster the formality appropriate to a judicial proceeding, the Assignment Judge from the vicinage responsible for conducting the hearings (or his designee) should work with the appropriate institutional representative to improve the facilities.
- The Judiciary, with the assistance of the Public Advocate and others (e.g., representatives of the Division of Health and Hospitals) will sponsor a program each September for judges newly responsible for hearings under the rotational assignment to receive training and to discuss practical questions with judges who handled the assignment

in the previous year. This can probably be done in a half-day program to be held in Trenton. At this time, issues of applicable rules and procedures, and the need to place findings and conclusions on the record can be addressed. In the meantime, it would be helpful if the Assignment Judges reminded those judge in their vicinages who handle civil commitment hearings that these are formal judicial proceedings in which the Rules of Court and the Rules of Evidence apply, and that findings and conclusions should be placed on the record for each matter heard.

CEPP hearings should be broken out and scheduled separately from initial and review hearings. This may require one or more additional hearing days at some institutions, or perhaps a morning calendar of initial and review hearings with CEPP hearings held in the afternoon. With respect to Marlboro, this will likely mean four days of initial and review hearings, plus two additional days for CEPP hearings. For Essex County Hospital, two days of initial and review hearings will be needed, plus one additional day for CEPP hearings.

The group does not at this time recommend a numerical maximum of matters that may be scheduled on a CEPP or initial and review hearing calendar. With CEPP matters handled separately and with natural fall-out occurring from the initial and review hearing calendars due to administrative discharges, patient illness and the like, it is expected that both calendars will be reduced to manageable size. Nonetheless, the hearing judges should continue to be alert to the number of cases on each calendar. The number should not be so great as to effectively do away with the due process protections of an adversarial proceeding.

The group endorses the use of the attached forms, if the hospital is willing to employ them. (The Public Advocate will work with the Commissioner of Human Services to promote the use of the forms.) These forms have been used to good effect at Ancora and other psychiatric facilities in the southern part of the State. They are helpful to the judge and to the psychiatrist (or social worker) in focusing the presentation of the case. N.B. The Civil Practice Committee, in its report to the Supreme Court for the 1992-94 term, has recommended amendments to R. 4:74(e) and 4:74-7(h)(2) to require the use of the attached forms at every CEPP or initial and review hearing.

Administrative Bulletin 3:40 -
Civil Commitment Security Plan



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
222 SOUTH WARREN STREET
PO BOX 700
TRENTON, NJ 08625-0700

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ELIZABETH CONNOLLY
Acting Commissioner

VALERIE L. MIELKE
Assistant Commissioner

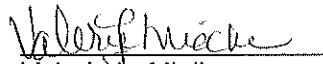
ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

DATE ISSUED: September 30, 2015

EFFECTIVE DATE: October 5, 2015

SUBJECT: Administrative Bulletin 3:40
Civil Commitment Courtroom Safety Plan

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.


Valerie L. Mielke
Assistant Commissioner

VLM:pjt

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

ADMINISTRATIVE BULLETIN 3:40

DATE ISSUED: September 30, 2015

EFFECTIVE DATE: October 5, 2015

SUBJECT: Civil Commitment Courtroom Safety Plan

I. PURPOSE:

This Administrative Bulletin establishes a uniform administrative procedure for safety during civil commitment hearings held on the grounds of a New Jersey State psychiatric hospital.

II. SCOPE:

This Bulletin applies to all NJ State psychiatric hospitals.

III. STATEMENT:

Adherence to the Supreme Court of New Jersey's judiciary security protocol regarding civil commitment hearings is required of all NJ State psychiatric hospitals. These requirements address judicial security in and out of the courtroom setting, as well as at ancillary courtroom settings, including New Jersey State psychiatric hospitals. All civil commitment hearing proceedings require the presence of a uniformed, armed sheriff's officer. The goal is to have a safety plan that meets the specific needs of the court and that can be implemented by the hospital.

Superior Court judges conduct civil commitment hearings at State institutions on an annual rotational basis. These hearings are formal court proceedings that would normally be conducted at the county courthouse, but cannot be held there due to clinical and security concerns. The county responsible for coordinating the annual civil commitment rotation provides the judge, and generally provides the officers for the proceedings. This uniformed, armed officer is to be present in the room of every civil commitment hearing held on the grounds of a NJ State psychiatric hospital.

IV. DEFINITIONS

Judiciary Staff includes, but is not limited to, the judge and administrative staff provided by the court vicinage to support the proceedings.

Direct Care Staff, for purposes of this Administrative Bulletin, means those hospital personnel whose primary function is face-to-face interaction with the patient providing the therapeutic contact necessary to achieve his or her

treatment goals, including, but not limited to, human service technicians, human service assistants, medical security officers, psychiatrists, nursing staff, and social workers. Direct care staff includes staff directly assigned responsibility for patient safety in the courtroom.

Human Services Police (HSP) Department provides protection 24 hours a day, seven days a week, all year long for facilities which are open and operated by the Department of Human Services, including NJ State psychiatric hospitals. HSP are appointed under the authority of N.J.S.A. 30:4-14.

Sheriff's Officers refer to officers assigned to court by the designated county Sheriff's Office. They are solely responsible for the safety of the Judiciary Staff during a civil commitment hearing at a State psychiatric hospital.

Court Participants refers to individuals participating in courtroom proceedings including county counsel, private attorneys, public defenders, hospital court coordinator staff, management assistants, and Office of Legal Liaison staff.

Visitors refers to family members or significant others who are in attendance and may or may not participate in courtroom proceedings.

V. PROCEDURES:

- A. Each of the State psychiatric hospitals must have in place a written civil commitment courtroom safety plan.
- B. Each civil commitment courtroom safety plan must take into account three (3) basic components of security "Basic Security Requirements":
 - 1. Architectural (facility features or modifications);
 - 2. Technological (equipment and devices); and
 - 3. Operational (security personnel, policy, and procedures).
- C. In developing the hospital's civil commitment courtroom safety plan, four (4) areas of security must be considered "Safety Plan Requirements":
 - 1. Access control (e.g., control/monitoring of entrances and exits);
 - 2. Circulation control (e.g., appropriate separation of public, patients, judges and staff);
 - 3. Courtroom security (e.g., order, control of patients, etc.); and
 - 4. Emergency procedures (e.g., emergency egress route from the courtroom for the Judiciary Staff, emergency alert system, Emergency Code response staff and procedures).

D. Roles and Responsibilities

1. The courtroom safety plan must delineate the roles and responsibilities of hospital staff, including Direct Care Staff and others involved in court proceedings. Roles and responsibilities should address all four areas of security. Direct Care Staff, regardless of their specific roles within the courtroom, have been trained to handle and de-escalate patient-related disturbances. In the event that a patient creates a disturbance or becomes agitated and cannot be re-directed, the Direct Care Staff will implement the appropriate management techniques and, when necessary, escort the patient back to their unit.
2. Each hospital's plan must specify roles for other staff as appropriate related to the Basic Security and Safety Plan Requirements as defined in this Bulletin.
3. Sheriff's Officers are primarily responsible for the safety of the Judiciary Staff.
4. Human Services Police Officers are available to all State psychiatric hospitals. Hospitals may, in collaboration with the HSP Officers, identify roles as appropriate related to the Basic Security and Safety Plan Requirements e.g., in dealing with an emergency situation.

E. Court Design

1. Every courtroom must:
 - a. Contain an emergency alert system.
 - b. Be located in a secure location. In the event of immediate personal threat or harm to the Judiciary Staff can seek temporary refuge, such as a secured room within or adjacent to the courtroom or direct access from the courtroom to the outside of the building.
 - c. Be in an area where interactions between visitors, Judiciary staff, court participants and groups of patients are kept to a minimum.
2. Other architecture or equipment outside the courtroom must include:
 - a. Locations where family and patients can wait for court that do not impede access by the Judiciary staff.

- b. A location where attorneys can conference privately with their clients.

F. Courtroom Operations

- 1. Each hospital's safety plan must address the Basic Security and Safety Plan Requirements, including but not limited to, the following:
 - a. Prior to holding court:
 - i. A risk assessment/inspection of the courtroom to identify and remove any potential dangers that could compromise safety and security.
 - ii. Assessment of the patient on the unit to identify any risks to their court participation with steps taken to address them or notify the judge as appropriate.
 - b. Courtroom Security
 - i. The hospital must establish procedures for the Judiciary Staff and others' entrance into and location within the courtroom that minimizes security risks to the patients, Judiciary staff, direct care staff, court participants and visitors.
 - ii. To prevent distraction and enhanced risk, the hospital may establish procedures restricting the use of electronic devices in the courtroom by visitors, direct care staff, Sheriff's Officers and Human Services Police, except as required by the performance of their duties.
 - c. Patient Management
 - i. The hospital will establish procedures for managing patients who will be attending court, with reference to the Basic Security and Safety Plan Requirements as defined in this Bulletin, including transportation to/from court, in the waiting area and during the court proceedings.
 - ii. The number and type of staff managing patients going to/from court, in the waiting room and during court proceedings should reflect the patient

assessment and privilege level and at the hospital's discretion may include a clinical supervisor.

d. Family and Other Visitors

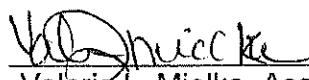
- i. The hospital will establish procedures to register visitors prior to entering the courtroom according to existing hospital policies.

G. Emergency Situations

1. Each hospital will execute protocols for disturbances and emergency situations. The hospital manages all emergency situations with the coordination of hospital staff, Human Services Police Officers, and Sheriff's Officers. The Human Services Police Department is responsible for coordinating all outside emergency response agencies.
 - a. Disturbances: All Direct Care staff, regardless of specific roles within the courtroom, have been trained to handle and de-escalate patient-related disturbances. In the event that a patient creates a disturbance or becomes agitated and cannot be re-directed, the direct care staff will implement the appropriate management techniques and, when necessary, escort the patient back to their unit.
 - b. In the event of an emergency situation, including but not limited to, bomb threats, active shooter scenario, hostage, fire alarm, medical codes and any disaster related event, hospital staff will implement the relevant hospital safety response.

VI. TRAINING

- A. Before being assigned to courtroom responsibilities, staff will receive training regarding expectations.
- B. A drill representing an emergency situation must be conducted within one year following implementation of the plan and at least every five years thereafter with participation by involved direct care staff and at their discretion, by Sheriff's Officers and Human Services Police.



Valerie L. Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services

Notice to Bar - Civil
Commitment Proceedings -
Requirement of Uniformed/
Armed Sheriff's Officer -
Supreme Court Administrative
Determination

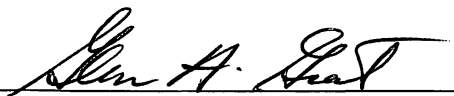
NOTICE TO THE BAR

CIVIL COMMITMENT PROCEEDINGS – REQUIREMENT OF UNIFORMED/ARMED SHERIFF’S OFFICER – SUPREME COURT ADMINISTRATIVE DETERMINATION

The Supreme Court on April 21, 2015 issued administrative determinations on the report and recommendations of the Statewide Judiciary Security Committee (“Committee”). Due to the sensitivity of the issues addressed by the Judiciary’s Model Court Security Plan and the Committee’s recommendations, those administrative determinations initially were distributed only internally. The Judiciary already has implemented certain recommendations, including by establishing the Supreme Court Advisory Committee on Court Security (“Advisory Committee”) to continue our ongoing work to ensure the safety and security of external and internal court users.

This notice follows up on the earlier internal distribution by announcing the Court’s approval of Courthouse Facilities Guidelines Recommendation #1 (“Civil commitment hearings must be conducted in the presence of a uniformed/armed sheriff’s officer including civil commitment hearings off-site as well as in a courthouse location, where applicable.”) Implementation of all of the Committee’s recommendations as approved by the Supreme Court continues through the Advisory Committee, the Court and Judicial Security Unit, and partnerships with Judiciary stakeholders.

Questions regarding this notice may be directed to the Administrative Director’s Office at (609) 376-3000.



Hon. Glenn A. Grant, J.A.D.
Acting Administrative Director of the Courts

Dated: March 4, 2020

Supreme Court Future of Court Operations Order (October 27, 2022)

NOTICE TO THE BAR AND PUBLIC

THE FUTURE OF COURT OPERATIONS – UPDATES TO IN-PERSON AND VIRTUAL COURT EVENTS

The Supreme Court has updated the framework for court operations to allow more in-person proceedings. The Court's attached October 27, 2022 Order, which is effective immediately, supersedes its [November 18, 2021](#) Order.

Special Civil Part trials and most Family matters will be in person. Effective March 1, 2023, initial hearings for involuntary civil commitments will also be in person. Routine conferences and motions will continue to be virtual.

Questions may be directed to the Office of the Administrative Director at (609) 376-3000.



Glenn A. Grant
Administrative Director of the Courts

Dated: October 27, 2022

SUPREME COURT OF NEW JERSEY

This Order updates the framework for those court events that are to be conducted in person and those that in general will proceed in a virtual format. Informed by experience, it establishes a more sustainable approach to court operations in order to optimize access, participation, and the timely administration of justice.

When the Court issued its [November 18, 2021 Order](#), the COVID-19 virus was continuing to affect many aspects of life, including court operations. Consistent with public health recommendations, the Court at that time required social distancing in court locations, making it necessary to continue many court events in a virtual format as one method of reducing on-site occupancy. Today, with expanded vaccination and treatment options, public health authorities agree that the virus poses less of a threat. In light of those changed circumstances, the Court has concluded all COVID-19 restrictions in court locations while maintaining the option for people to wear masks at their choice. In addition, judges also routinely exercise discretion to permit individuals to participate virtually as necessary for health or other reasons.

Courts today can safely accommodate in-person calendars as well as individual court events, and ongoing experience demonstrates that some matters may be better handled in person. This is not a matter of efficiency but

rather a recognition of the differences in individual and court resources. Some court users -- including those who are less comfortable using technology and those who are present in court locations for other matters -- are best served in person. Meanwhile, attorneys and others continue to prefer virtual options for certain court events, especially those that are routine or brief.

By permitting more on-site presence and continuing to leverage virtual technologies, the court today can effectively balance in-person and virtual proceedings in a way that maximizes access and fairness and supports meaningful participation and timely justice.

Accordingly, it is ORDERED that effective immediately unless otherwise indicated and pending further court order:

1. Criminal jury trials shall continue to proceed in person.
2. The following matters will generally proceed in person but may proceed virtually with the consent of all parties; consent of a party will not be required if that party is absent and unreachable:
 - a. CRIMINAL: bench trials, evidentiary hearings, sentencing hearings, Final Extreme Risk Protective Order (FERPO) hearings; and Megan's Law hearings;
 - b. CIVIL/PROBATE: hearings for an adjudication of incapacity and appointment of a permanent guardian, and

as of March 1, 2023 initial hearings for involuntary inpatient civil commitment;

- c. FAMILY: termination of parental rights trials, sentencing hearings, and Juvenile Delinquency (FJ) matters; and
- d. MUNICIPAL: cases involving DWI, refusal to submit to a breathalyzer test, disorderly persons, domestic violence, and other matters that involve a reasonable likelihood of a jail sentence or loss or suspension of license.

3. The following matters also will generally proceed in person but may be conducted virtually at the discretion of the court. Consent to proceed virtually is not required.

- a. Oral arguments before the Supreme Court and the Appellate Division;
- b. ALL TRIAL DIVISIONS & MUNICIPAL: matters involving numerous attorneys and parties, or substantial documentary evidence; matters that require on-site interpreting services; matters in which a party has failed to appear for, been unable to participate in, or neglected to respect the solemnity of a prior virtual proceeding; and settlement or status conferences in which previous virtual sessions have not meaningfully

advanced the matter toward resolution or trial;

- c. **CRIMINAL:** post-indictment arraignments, pretrial and other conferences, plea hearings, non-routine motions, and orientation and phases one and two of Recovery Court;
- d. **CIVIL/EQUITY/PROBATE:** jury and bench trials, including in the Law Division-Civil Part, Special Civil Part, General Equity, and Probate, evidentiary hearings, and settlement conferences;
- e. **FAMILY:** trials, dispositional hearings, plea hearings, and evidentiary hearings; and
- f. **MUNICIPAL:** matters that affect health and safety.

4. Absent an individualized reason to proceed in person based on the facts and circumstances of the case, the following matters will continue to be conducted virtually:

- a. In all trial divisions of the Superior Court, the Municipal Courts, and the Tax Court: (i) routine case management conferences; and (ii) routine motion arguments;
- b. Involuntary inpatient commitment review hearings and involuntary outpatient commitment hearings; and
- c. Matters in the Municipal Courts that do not involve a reasonable

likelihood of a jail sentence or loss or suspension of license.

5. Courts at all levels will also continue to use virtual formats in general for straightforward matters, including but not limited to initial applications, routine status conferences, and uncontested proceedings in all trial divisions of the Superior Court, the Municipal Courts, and the Tax Court.
6. Vicinage Assignment Judges will be responsible to ensure compliance with the provisions of this order. Upon the request of an Assignment Judge, the Chief Justice and Administrative Director can authorize adjustments to the format of court proceedings based on local factors.
7. Court events will be scheduled and conducted consistent with the principles of procedural fairness. For all types of matters:
 - a. Courts at all levels will continue to maintain reasonable calendar sizes, including through use of staggered schedules when appropriate to ensure that court users are not made to wait an unreasonably long time for their matter to be heard; and
 - b. In individual cases, all judges will continue to have discretion to grant an attorney or party's reasonable request to participate in person in a virtual proceeding or to

participate virtually in a matter being conducted in person.

8. Assignment Judges will have discretion to determine the format for calendars involving settlement proceedings, including mediations, arbitrations, and Matrimonial Early Settlement Panels. To the extent practicable, Assignment Judges will accommodate volunteers in participating in such events in their preferred format, including hybrid.
9. This Order supersedes any inconsistent provisions of prior orders, including the Court's November 18, 2021 Order.
10. As with all operational protocols, the provisions of this Order reflect the evolving nature of court operations and remain subject to ongoing review and potential future refinement.

For the Court,



Chief Justice

Dated: October 27, 2022

IOC Directories

New Jersey Division of Mental Health and Addiction Services
Involuntary Outpatient Commitment Programs

County	IOC Program Director	Address	Intake Phone & Fax
Atlantic	Devon Norton dnorton@legacytreatment.org Office: 609-267-5656 x3256 Cell: 609-668-5956	Legacy Treatment Services 561 Tilton Rd. Northfield, NJ 08232	Ph 609-267-5656 ext 3318 Fax 609-288-3274
Bergen	Kathryn Camisa kathrync@careplusnj.org Office: 201-478-4183 ext 5533 Cell: 201-638-9833	Care Plus NJ 611 Route 46 West, Suite 100 Hasbrouck Heights, NJ 07604	Ph 201-478-4183 Fax 201-478-4185
Burlington	Devon Norton dnorton@legacytreatment.org Office: 609-267-5656 x3256 Cell: 609-668-5956	Legacy Treatment Services 205 High St. Mount Holly, NJ 08060	Ph 609-267-5656 ext 3318 Fax 609-288-3274
Camden	Cheryl Williams (INTERIM) Cheryl.williams@oaksintcare.org	Oaks Integrated Care 501 Cooper Landing Rd Cherry Hill, NJ 08002	Ph 856-428-4357 ext 53901 Fax 856-665-5193
Cape May	Patricia Miles-Jackson, MHS pmjackson@acendahealth.org	Acenda Health 1129 Rt. 9 South Cape May Court House, NJ 08210 609-780-1974	Ph 844-422-3632 ext 2021 Fax 609-778-6184
Cumberland/ Gloucester/Salem	Jennifer MacDermott, LSW jmacdermott@acendahealth.org	Acenda Health 350 Front Street Elmer, NJ 08318 609-780-1971	Ph. 856-358-2010 Fax 856-358-2318
Essex	Achille Dejean 973-842-4141 ext 645 Cell 973-868-0209 ADejean@mhainspire.org	Mental Health Association 80 Main Street, Suite 500 West Orange, NJ 07052	Ph 973-842-4141 Fax 973-669-7306
Hudson	Program Coordinator: Deidre Asenso-Mensah 201-492-0831 Deidre.Asenso-Mensah@rwjbh.org Director: Aniello Semioli Aniello.Semioli@rwjbh.org	Jersey City Medical Center 1805 JFK Blvd. Jersey City, NJ 07305 201-609-8199	Ph 201-402-4622 Fax 201-332-2403
Hunterdon	Mark Troisi mtroisi@hhsnj.org	Hunterdon Medical Center Behavioral Health 2100 Wescott Drive Flemington, NJ 08822 908-237-6024	Ph 908-303-8167 Fax 908-788-6110
Mercer	Anthony Towns Anthony.Towns@oaksintcare.org	Oaks Integrated Care 1001 Spruce St. Suite 205 Trenton, NJ 08638 609-396-6788 X51176	Ph 609-954-5642 Fax 609-396-1280
Middlesex- Monmouth	Sally Hanna SHanna@legacytreatment.org	Legacy Treatment Services 40-42 Brunswick Woods Drive East Brunswick, NJ 08816 609-667-7526 ext. 3478	Ph 609-667-7526 609-667-5656 ext. 3478 Fax 609-288-3480

**New Jersey Division of Mental Health and Addiction Services
Involuntary Outpatient Commitment Programs**

County	IOC Program Director	Address	Intake Phone & Fax
Morris	Molly McGoldrick MMcGoldrick@mhainspire.org 973-334-3496 ext 515	Mental Health Association 300 Littleton Rd, Suite 300 Parsippany, NJ 07054	Ph 973-334-3496 Fax 973-334-0200
Ocean	Nicole Sullivan 732-269-4849 Cell 848-223-2279 nsullivan@brightharbor.org gdelpizzo@brightharbor.org	Bright Harbor Healthcare, Inc. 122 Lien St. Toms River, NJ 08753 732-349-1977	Ph 732-269-4849 Fax 732-575-1862 ioc@brightharbor.org
Passaic	Diana Ramirez Dramirez@mhapassaic.org	Mental Health Association of Passaic County 404 Clifton Avenue Clifton, NJ 07011	Ph 973-478-4444 x123 Fax 973-478-0941
Somerset	VACANT (Naomi Persaud) Persaud@co.somerset.nj.us	Richard Hall Community Mental Health Center of Somerset County 500 North Bridge Street Bridgewater, NJ 08807	Ph 908-253-3137 Fax 908-218-3704 AOTS@co.somerset.nj.us
Sussex	Sondy Cadeau, LCSW scadeau@mhainspire.org 973-334-3496 ext 515	Mental Health Association 83 Spring Street Newton, NJ 07104 973-334-3496 ext. 515 Cell: 973-289-9496	Ph 973-334-3496 Fax 973-459-4487
Union	Kathy Howie kathryn.howie@rwjbh.org	Trinitas Regional Medical Center/ RWJ Barnabas Health 654 East Jersey St Elizabeth, NJ 07206 908-994-7543 (direct line) 908 994-7271 (Dir. Adult OP Svcs)	Ph 908-994-7543 Fax 908-994-7046
Warren	Jeffrey Greenfield 908-454-4470 ext 320 Jeffrey.greenfield@centerffs.org	Center for Family Services 370 Memorial Pkwy Philipsburg, NJ 08865 908-454-4470 ext 320	Ph 908-454-4470 ext 320 Fax 908-454-7067

REVISED 8-16-23

CCIS LISTING

**DIVISION OF CHILDREN'S SYSTEM OF CARE
CHILDREN'S CRISIS INTERVENTION SERVICES (CCIS)**

NORTHERN REGION	COUNTIES SERVED	CAPACITY
<u>St. Clare's Hospital</u> 973-316-1800 St. Clare's Hospital Boonton Division, CCIS Unit 130 Powerville Road Boonton, New Jersey 07005	Sussex, Warren Morris, Passaic	28
<u>Bergen Regional Medical Center</u> 201-967-4000 Bergen Regional Medical Center CCIS Unit 230 East Ridgewood Avenue Paramus, New Jersey 07652	Bergen	17
<u>Hoboken University Medical Center</u> 201-418-1000 CCIS Unit 308 Willow Street Hoboken, New Jersey 07030	Hudson	17
CENTRAL REGION	COUNTIES SERVED	CAPACITY
<u>TRINITAS Hospital</u> 908-994-5000 CCIS Unit 655 East Jersey Street Elizabeth, New Jersey 07206	Union, Essex	11
<u>Newark Beth Israel Medical Center</u> 973-926-7000 Newark Beth Israel Medical Center CCIS Unit 201 Lyons Avenue Newark, New Jersey 07112	Essex	18
<u>Univ. Behavioral Hlthcare-RUTGERS</u> 732-235-5500 University Behavioral HealthCare CCIS Unit 671 Hoes Lane Piscataway, New Jersey 08855	Mercer, Middlesex Hunterdon, Somerset	24
<u>Monmouth Medical Center</u> 732-222-5200 Monmouth Medical Center CCIS Unit 300 Second Avenue Long Branch, New Jersey 07740	Monmouth, Ocean	19
SOUTHERN REGION	COUNTIES SERVED	CAPACITY
<u>Kennedy University Hospital</u> 856-488-6816 Kennedy University Hospital CCIS Unit 2201 Chapel Avenue West Cherry Hill, New Jersey 08002-2048	Camden, Burlington Gloucester, Salem	14
<u>Inspira Health Center</u> 856-575-4500 Inspira Health Network Bridgeton Health Center CCIS Unit 333 Irving Avenue Bridgeton, New Jersey 08302	Cape May, Atlantic Cumberland	14

Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare:

- Provides no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreter services.
 - Information written in other languages.

If you need these services, contact the PerformCare Member Services number for your county.

Capital Area (Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties)

Member Services: **1-888-722-8646**

TTY/TDD: **1-800-654-5984** or PA Relay **711**

North Central Area (Bedford-Somerset and Franklin-Fulton counties)

Member Services (Bedford-Somerset): **1-866-773-7891**

Member Services (Franklin-Fulton): **1-866-773-7917**

TTY/TDD: **1-800-654-5984** or PA Relay **711**

We are available 24 hours a day, 7 days a week.

If you believe that PerformCare has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with PerformCare and send it to us at:

- PerformCare, 8040 Carlson Road, Harrisburg, PA 17112.
- You can file a complaint by mail, fax, or phone. If you need help filing a complaint, PerformCare Member Services is available to help you. Call the Member Services number for your county located above or fax to PerformCare at **717-671-6555**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html.

Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call the Member Services number for your county.

Spanish: ATENCIÓN: si habla español, tiene a su disposición los servicios de asistencia lingüística sin costo alguno. Llame al número de Servicios al Miembro de su condado.

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电您所在县的会员服务热线。

Chinese Cantonese: 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電您所在縣的會員服務熱線。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch Vụ Thành Viên dành cho quận của bạn.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру телефона Member Services для вашего округа.

Pennsylvanian Dutch: Wann du Deutsch schwetzscht, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die english Schprooch. Ruf selli Nummer uff.

Korean: 주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하 카운티의 회원 서비스로 연락하십시오.

Italian: ATTENZIONE: nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero dei Servizi per i soci relativo alla propria contea.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء الخاص ببلدك.

French: ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro des Services aux membres pour votre comté.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Servicenummer für Mitglieder in Ihrem Land an.

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો તમારા માટે ભાષા સહાયતા સેવાઓ નિ:શુલ્ક ઉપલબ્ધ છે. તમારી કાઉન્ટીના મેમ્બર સર્વિસીસ નંબર પર ફોન કરો.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer obsługi członkowskiej odpowiedni dla Twojego kraju.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo Sèvis manm pou konte w.

Mon-Khmer Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, អ្នកអាចប្រើប្រាស់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ ចូរ ទូរស័ព្ទទៅកាន់លេខសេវាបម្រើសមាជិកសម្រាប់ប្រទេសរបស់លោកអ្នក។

Portuguese: ATENÇÃO: Se fala português, encontra-se disponível serviços de assistência linguística gratuitos. Ligue para o número de Serviços aos Membros do seu país.